## Exhibit C

Form 990 Internal Sevenue Service B Check if

#### Extension\_Attached Return of Organization Exempt From Income Tax

OMB No 1545 0047

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust This Form is Open Note. The organization may have to use a copy of this return to satisfy state reporting requirements to Public Inspection Oppartment of the Treasury 19 9 9 1998, and ending A For the 1998 calendar year, OR tax year period beginning D Employer Identification number C Name of organization THE GRADUATE SCHOOL OF FIGURATIVE ART OF Change use IRS 13-3643485 address THE NEW YORK ACADEMY OF ART tabal o E Telephone number Room/suite Number and street (or P O box if mail is not delivered to street address) type 212-966-0300 11 FRANKLIN ST Final return Specific F Check - I if exemption City or town, state or country, and ZIP+4 application is pending NEW YORK, NY 10013 ) (insert number) OR > section 4947(a)(1) nonexempt chanlable trust G Type of organization - X Exampl under 501(c) ( 3 Note, Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt chantable trusts MUST attach a completed Schedule A (Form 990). Yes X No I If either box in H is checked "Yes," enter tour-digit group H(a) is this a group return lifed for affiliates? exemption number (GEN) (b) If "Yes," enter the number of affiliates for which this J Accounting method Cash X Accrual Yes X No Other (specify) (8) is this a separate return filed by an organization covered by a group ruling? K Check here 🕨 🔲 if the organization's gross receipts are normally not more than \$25,000. The organization need not tile a return with the IRS, but if it received a Form 990 Package in the mail, it should tile a return without financial data. Some states require a complete return Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received 1,136,317 1a a Direct public support 16 b Indirect public support 1¢ c Government contributions (grants) STMT 1 Total (add lines to through 1c) (attach schedule of contributors) 1,136,317. (cash \$ 1,136,317. noncash \$\_ 1,487,986. Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Mambership dues and assessments 3 9,487. 4 Interest on savings and temporary cash investments 6 SCHOOL APR 05 2000 Dividends and interest from securities 90,968 SEE STATEMENT 2 8a 6 a Gross rents 49,216. SEE STATEMENT 6b Less rental expenses 41,752. δ¢ Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe (B) Other (A) Securities 8 a Gross amount from sale of assets other 8a than inventory 85 b Less cost or other basis and sales expenses 96 e Gain or (less) (attach schedule) 84 d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) 1,8 a Gross revenue (not including \$ \_ of contributions RECEIVESS direct expenses other than fundraising expenses 9b 96 Net income or (loss) from special events (subtract line 9b from line 9a) 10a 10 a Gross sales of inventory, less returns and allowances 0 2 289Cost of goods sold 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 5,097. 11 Other jevenue (from Part VII, line 103) 2,680,639. 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 1,254,420. 13 Program services (from line 44, column (B)) 13 905,719. 14 Management and general (from line 44, column (C)) 14 216,712. 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 2,376,851. 17 Total expenses (add lines 16 and 44, column (A)) 17 303,788. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 2,664,600. Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 Net Õ. Other changes in net assets or fund balances (attach explanation) 20 2,968,388. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Form 990 (1998)

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		E SCHOOL OF I			B
Form 990 (1998) THE NEW	YOF	K ACADEMY OF	ART	13-3	643485 Page 2
Part II: Statement of All of Functional Expenses (4) 0	ganiz សាសារ	ations must complete column ations and section 4947(a)(1	i (A): Columns (B), (C), and ) nonexempt chantable trus	i (U) are required for secti els but ontional for others	ons (c)(a)roc no
DO not include amounts reported on line	1		(B) Program	(C) Management	(E) European
6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	Services	Jud deliate!	(D) Fundraising
22 Grants and allocations (attach schedule)	1	}			
cash \$noncash \$	22	1			
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	146,633.	57,845.		
26 Other salaries and wages	26	533,779.	208,498.		
27 Pension plan contributions	27	13,342.	5,223.	8,119.	
28 Other employee benefits	28				
29 Payroll taxes	29	92,188.	30,532.	61,656.	
30 Professional fundralsing fees	30				
31 Accounting fees	31	46,200.		46,200.	
32 Legal fees	32	63,382.		63,382.	
33 Supplies	33	32,252.	32,252.		
34 Telephone ,	34	22,280.		22,280.	
35 Postage and shipping	35	31,552.		31,552.	
36 Occupancy	36				
37 Equipment rental and maintenance	37	13,207.		13,207.	
38 Printing and publications	38	46,838.	44,527.	2,311.	
39 Travel	39	63,262.	45,066.	18,196.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	138,015.	115,013.	23,002.	
42 Depreciation, depletion, etc. (attach schedule)	42	31,535.		31,535.	
43 Other expenses (itemize)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	······································
3	438		ŀ		
b	49b		<u> </u>		<del></del>
c	430				
d	43d				
6 SEE STATEMENT 4	43e	1,102,386.	715,464.	170,210.	216,712.
44 Total functional expenses (add files 32 through 43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	2,376,851.	1,254,420.	905,719.	216,712.
Reporting of Joint Costs - Did you report in column (B)			<del></del>		
fundralsing solicitation?	,	, 00,			Yes X No
If "Yes," enter (I) the aggregate amount of these joint cos	le \$	fo <sup>*</sup>	9 of hetcoelic foundme ad (		
(iii) the amount allocated to Management and general \$			) the amount allocated to F		
Part III Statement of Program Servi			) into difficulty allocated to 1	dusing 4	* ····
What is the organization's primary exempt purpose?					
EDUCATION					Program Sarvice
All organizations must describe their exempt purpose achievement	SMAC	lear and concise manner State the	number of chanis served, publ	ications (sayed, etc. Discuss	Frnansas
achievements that are not measurable (Section 501(c)(3) and (4) or ellocations to eithers )	gamzat	ions and 4947(s)(1) nonexamplicha	intable trusts must also enter th	a amount of grants and	(Flequined for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others.)
a THE ACADEMY OFFERED CLA	SS	TS TO APPROXI	<b>ΜΔΨΕΤ.Υ 120 F</b>	TIT.T. & PART	ilaze' odi obnoval ici paiarzi
TIME STUDENTS WORKING T					
FIGURATIVE ART. THE ACA					
a production of the production			ants and allocations \$	IDOCTITION.	1,254,420.
b			ants and anocanons &		2700171201
<u> </u>				<del></del>	
		·- <u></u>	ants and allocations \$		
С	<del></del>		~	·····	
<del></del>		<del></del>	<del></del>		
			<del></del>		
		(Gra	ints and allocations \$	<u> </u>	
d			<del></del>		
<del></del>		<del></del>			
			ints and allocations \$	}	
Other program services (attach schedule)			nts and affecations \$		1 254 420
f Total of Program Service Expenses (should equal in	118 44	. column (B), Program service 2	es)		1,254,420.
0.44.00					

THE GRADUATE SCHOOL OF FIGURATIVE ART OF 13-3643485 Page 3 THE NEW YORK ACADEMY OF ART Form 990 (1998) Part IV Balance Sheets (A) Note: Where required, attached schedules and amounts within the description column should be End of year Beginning of year for end-of-year amounts only 660,074. 430,968 45 Gash - non-Interest-bearing 45 46 Savings and temporary cash investments 46 85,553 47 a Accounts receivable 85,553. 34,228. 47¢ b Less allowance for doubtful accounts 1,001,004. 48a 48 a Pledges receivable 1,001,004. 1,130,514. 48b ly Less allowance for doubtful accounts 49 Grants receivable Receivables from officers, directors, trustees, and key employees (attach 50 schedule) 51a 51 a Other notes and loans receivable 51c b Less allowance for doubtful accounts 51b. 26,329. 22,760. 52 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 32,866. Ō. 64 STMT 5 Investments - securities (attach schedule) 65 a Investments - land, buildings, and 5<u>5a</u> equipment basis h Less accumulated depreciation (attach 550 55b schedule) 56 Investments - other 3,239,851 57 a Land, buildings, and equipment basis 57a 2,599,370. 271,300. 640,481. 2,589,940. 57c 57b b Less accumulated depreciation 250,553. SEE STATEMENT 6 58 Olher assets (describe 4,676,496. 4,458,963. 59 Total assets (add lines 45 through 58) (must equal line 74) 59 185,555. 184,735. 60 Accounts payable and accrued expenses 80 <u>81</u> Grants payable 61 82 Deferred revenue 63 Loans from officers, directors, trustees, and key employees 63 64a 64 a Tax-exempt bond liabilities ,406,915 202,713 ,275,255. STMT 8 STMT 7 64b b Mortgages and other notes payable 247,298. 65 SEE STATEMENT 9 Other Habilities (describe

Total trabilities and net assets / fund balances (add lines 66 and 73) Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Total Habilities (add lines 60 through 65)

Capital stock, trust principal, or current funds

69 and lines 73 and 74

Temporarily restricted

Permanently restricted

Unrestricted

70 through 74

Net Assets or Fund Balances

67

68

72

73

Organizations that follow SFAS 117, check here 🕨 [X] and complete lines 67 through

Organizations that do not follow SFAS 117, sheck here

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds

column (A) must equal line 19 and column (B) must equal line 21)

Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72,

1,794,363.

,426,060.

,206,077.

2,664,600.

4,458,963.

32,463.

66

68

69

72

74

1,708,108.

1,391,871. 18,344. 1,558,173.

2,968,388.

4,676,496.

THE GRADUATE SCHOOL C	F FIGURATIVE	ART OF		•
Form 990 (1998) THE NEW YORK ACADEMY	OF ART		13-36434	
Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Recon Financ Return	ciliation of Exp ial Statements	enses per A With Exper	udited ises per
a Total revenue, gains, and other support per audited financial statements	a Total expenses and I audited financial stat	osses per ements	▶ a 2,	<u>426,067</u>
b Amounts included on line a but not on line 12, Form 990	h Amounts included or line 17, Form 990 (1) Donated services	n ilne a but not on	, ,	
(1) Net unrealized gains	and use of facilities	\$	;  ;;	
on investments \$	(2) Prior year adjustmen reported on line 20,	is.		
and use of facilities \$	Form 990 (3) Losses reported on	\$	`  *	
year grants \$	lina 20, Form 990	\$		
(4) Other (specify) STMT 10 s 49,216.	(4) Other (specify) STMT 11	<b>\$</b> 49,2	16.	<u> </u>
Add amounts on lines (1) through (4) b 49,216.	Add amounts on line	s (1) through (4)	▶ h	49,216. 376,851.
c Line a minus line b d Amounts included on line 12, Form	c Line a minus line b d Amounts included of		6 2/	\$ 7.0 / 0.5 ±
990 but not on line a	990 but not on line a (1) Investment expenses	-	, ,	
(1) Investment expenses not included on	not included on	1		
line 6b, Form 990 \$	line 6b, Form 990	\$	<u> </u>   , `	
(2) Other (spacify)	(2) Other (specify)	_\$		, ,,,,
Add amounts on lines (1) and (2)  • Total revenue per line 12, Form 990	Add amounts on line • Total expenses per h	• • • • •	<b>▶</b> a	
(line c plus line d) $\triangleright  _{8} _{2,680,639}$ .	(line c plus line d)	a even if not compar		376,851.
	(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address  RANDOLPH LERNER	position CHAIRMAN	(if not paid, enter	pians & deferred companyation	other allowances
		0.	0.	0.
	AS NECC PRESIDENT	0.	, , , , , , , , , , , , , , , , , , ,	
NEW YORK, NY 10022	AS NECC	0.	0.	0.
	TREASURER			
NEW YORK, NY 10018	AS NECC	0.	0.	0.
	SECRETARY	-	<u></u>	
SOUTHAMPTON, NY 11968	AS NECC	0.	0.	0.
	EXECUTIVE DIF			
NEW YORK, NY 10012	AS NECC	88,788.	4,500.	0.
	VP OF ACADEMI			
NEW YORK, NY 10036	AS NECC	57,845.	2,933.	0.
			}	
	······································		<u> </u>	
75 Did any officer, director, trustee, or key employee receive aggregate compensations of which more than \$10,000 was provided by the related organizations.	on of more than \$100,000 fro litions? If 'Yes' attach sched	om your organization ute Yes	and all related X) No	

	THE GRADUATE SCHOOL OF FIGURATIVE ART OF			/ Dans I
	990 (1998) THE NEW YORK ACADEMY OF ART 13-3643	485	Yes	Page
Pa	t Vi   Other Information	1	185	X
75	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	78	<del> </del>	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	17_	1	
	If "Yas," attach a conformed copy of the changes	13.	`	. پر د
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	<b> </b> -
Þ	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	1
79	Was there a liquidation dissolution termination, or substantial contraction during the year?	79		X
	if Yes, attach a statement,	٦,	<b>!</b> ` ` .	.8
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,	1	* .^	Ü
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<del> </del>	X
b	if "Yes," enter the name of the organization	١, ١	· ~;	
	and chack whether it is seempt OR In nonexempt	🔆		,,
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	, ,	,	· • *
	Instructions for line 81			γ̈́χ
ь	Did the organization file Form 1120-POL for this year?	81b	ļ	X
82 a	Old the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	· .		'
	fair rental value?	82a		X
ħ	If "Yes "you may indicate the value of these items here. Do not include this amount as revenue in Part 1 or as an	13		``
_	expense in Part II (See instructions for reporting in Part III)  82b N/A		ľ.,	۸٩,
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
d	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	63b	X	
84 a	Did the organization solicit any contributions or grifs that were not tax deductible?	843	Ĺ.,	X
u T Q	If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not			3 2,
u	tax deductible?	84b	[	Ĺ
85	501(c)(4), (6), or (6) organizations - a Were substantially all dues nondeductible by members?  N/A	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
U	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	,,		
			(	1
_	owed for the prior year  Over passessments, and smaller amounts from members.  85c   N/A	, ,	- 1	,
Ç	Dues, assessments, and samual amounts not the treatments	, 1		٠.
đ	Section 102(a) topolarid and housest exhausticite?	`.	,	: .
8	Wilding an initiage of cities at a section of section o		١.	,
i	19XXIIII THOUGH OF HODDANG BUT POSTERIAL SANGERIA SANGERI	85g		`
g	DOBS ING OLDSWITSTICK AND RESERVED COSTAL TOWN THE PROPERTY OF	723		
ħ	if section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues N/A	85h		,
	With Change of House and Angle and A	10011	<del>, , -</del>	,
88	501(c)(7) organizations - Enter  Institution force and capital contributions included on line 12  [86a   N/A	٧٠.	`	, , "
а	mulation lees and capital contributions accided on mile se	,`	3	2,~~
b	diass raceipts, atclinate of the initial 12, for protein ase of the initial and initial an	, ,	,	٠ ٣
87	50 I(C)  12) Organizations "Enter a Gross involte from Members of Sharondoors		[· ]	
b	Gross income from other sources (Do not net amounts due or paid to other sources	[· , •	ı °	. ` .
	against an quints due of received from them?	١, ١	45	,
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?		` *	χ̈̀
	If "Yes," complete Part IX	88		<u> </u>
89 a	501(c)(3) organizations - Enter Amount of tax imposed during the year under section 4911 \(\bigsim 0\), section 4912 \(\bigsim 0\), section 4955 \(\bigsim 0\).	٠, ١	٠.,	, ```.
	section 4911 ► 0 . section 4912 ► 0 . section 4955 ► 10 .	'	٠, ٠	3,~
b	501(c)(3) and 501(c)(4) organizations - Did the organization engage in any section 4958 excess benefit			· •
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b_		Х
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			_
	sections 4912, 4955, and 4958			0.
d	Enter Amount of tax in 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filled   NEW YORK			
b	and the state of t	9 <b>0</b> b	<u> </u>	30
_				
91	The books are in care of THE ORGANIZATION Telephone no 212-96	6-0	<u> 300</u>	
31				
	Located at ► 111 FRANKLIN STREET NEW YORK, NY ZIP +4 ► 1	001	3	
	COULING H5 -			
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in fleu of Form 1041 - Check here		<b>▶</b> [	
ĄĒ	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A	

Form 990 (1998) THE NEW Y		L OF FIGURAT MY OF ART	LTAR		-3643485 Page
Part VIII Analysis of Income-Product				··	
Enter gross amounts unless otherwise	Unrelat	ed business income		ided by section 512, 513, or 514	(E)
indicated	(A) Business	(8)	(C) Exctu-	(D)	Related or exempt
93 Program service revenue	code	Amount	sion	Amount	function income
(a) TUITION &FEES			1.99.55		1,487,986.
(b)		<u> </u>	1		<del> </del>
(c)		·	1		
(d)			1		
(6)					
(I) Medicare/Medicaid payments			1		<del>                                     </del>
(g) Fees and contracts from government agencies			1		†*************************************
94 Membership dues and assessments			<del>                                     </del>		
95 Interest on savings and temporary			<del> </del>		<del> </del>
cash Investments			ŀ		9,487.
98 Dividends and interest from securities		·			
97 Net rental Income or (loss) from real estate	:		_	·	i
(a) debt-financed property	53 <b>i</b> 120	41,752.	ı = _ i		,
(b) not debt-financed property					<del> </del>
98 Net rental income or (loss) from personal property			-		<del> </del>
99 Other investment income			<del>  </del>		<del> </del>
100 Gain or (loss) from sales of assets				<del></del>	
other than inventory			}		}
101 Net income or (loss) from special events	<del></del>		-		
102 Gross profit or (loss) from sales of inventory			1	<u></u>	
103 Other revenue	<del></del>				
a MISCELLANEOUS			3		5,097.
	<del></del>	··· <del>··································</del>	-		3,037.
D		·			<u> </u>
c					
d	<del></del>			<del></del>	
404 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	— <del> </del>	41,752.		0.	1 502 570
104 Subtotal (add columns (B), (D), and (E))		41,172			
105 TOTAL (add line 104, columns (B), (D), and (E))	and an law 40 flast l	ı		▶.	1,544,322.
Note (Line 105 plus line 1d, Part I, should equal the amo Part VIII Relationship of Activities to			A D		
Line No Explain how each activity for which income is exempt purposes (other than by providing for	reported in column	(E) of Part VII contributed	import	antly to the accomplishment	of the organization's
exempt purposes (other than by providing furposes)  3A TUITION RECEIVED IS U			TOTAL	DDOGE OF GUDE	OBCITICA DUE
3A GRADUATE PROGRAM AND	COMMINITAL P	OK THE SOLE	PU	RPOSE OF SUPP	ORTING THE
SA GRADUATE PROGRAM AND	CONTINUIN	G EDOCATION	PRO	JGRAMS	· —
		<del></del>			
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·					
Part IX Information Regarding Taxal	alo Cubandrovia	o (Campiala Ibla Book II	the itte	with the same of the same stands	
<del></del>	<del></del>	as foombiese mis Laten	1119 4 8	IS BOX OU OO IZ CUBEKBO }	
Name, address, and employer identification Percentag number of corporation or partnership ownership i	i Nam	re of business activities		Total income	End-of-year assets
N/A	%				
	%				
	%(				
		eccompanying schedules a pli information of which prep	nd state est tou	ments, and to the best of my know any knowledge	edge and belief, it is true
		115/00		since Pr	1
		<b>■//</b> ≤/00 ⊾	$\Box$	division VI	1. 1020

SCHEDULE A (Form 990),

#### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545 0047

Supplementary Information Department of the Treasury Must be completed by the above organizations and attached to their Form 990 or 990EZ Internat Rovenue Service GRADUATE SCHOOL OF FIGURATIVE ART OF Employer identification number Name of the organization THE NEW YORK ACADEMY OF ART 13 3643485 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one if there are none, enter "None") Contributions to employee befant plans & deferred compensation (b) Title and average hours per week devoted to (e) Expense account and other allowances (a) Name and address of each employee paid (c) Compensation more than \$50,000 position NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over 0 \$50,000 for professional services Schedule A (Form 990) 1998 For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990) 1998	THE GRADUATE SCHOOL OF FIGURATIVE ART OF THE NEW YORK ACADEMY OF ART	13-364348	5	Page 2
	t About Activities		Yes	No
	organization attempted to influence national, state, or local legislation, including any attempt to influer	ice public	<del> </del>	-
opinion on a legislative in		1		X
If 'Yes," enter the total ex	penses paid or incurred in connection with the lobbying activities 🕨 💲			}
Organizations that made	an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	,		<b>.</b>
organizations checking "	/es,' must complete Part VI-B AND attach a statement giving a detailed description of	1.	₩.,	
the tobbying activities		, i		
	oganization, either directly or indirectly, engaged in any of the following acts with any of its trustees, d		.¥ . }<	<u>ነ</u> ት` ,
officers, creators, key em	ployees, or members of their families, or with any taxable organization with which any such person is	, \ \ \\ \\		1
	rector, trustee, majority owner, or principal beneficiary	1.5		, `
a Sale, exchange, or leasin		_2a		X
b Lending of money or oth		2b		Х
n religing of thomas at oth	as oxiditation of order		ĺ	1
e Fuinishing of goods, sen	vices, or facilities?	20	-	X
d Payment of compensation	n (or payment or reimbursement of expenses if more than \$1,000)?	21	<u> </u>	<u> </u>
		20	.	X
e Transfer of any part of its	income or assets?			1
If the answer to any ques	ition is "Yes," attach a detailed statement explaining the transactions	3	X	1
3 Does the organization ma	ske grants for scholarships, fellowships, student loans, etc ?	4a		X
4 a Do you have a section 40	03(b) annuity plan for your employees? Diain how the organization determines that individuals or organizations receiving grants or loans from			
furtherance of its chantal	ble programs qualify to receive payments (See instructions )	<u>""                                   </u>	•	; .
Part IV Reason for	or Non-Private Foundation Status (See instructions)			
The organization is not a privi	ate foundation because it is (Please check only ONE applicable box)			
5 A church, cor	ivention of churches, or association of churches. Section 170(b)(1)(A)(l)			
	tion 170(b)(1)(A)(II) (Also complete Part V, page 4 )			
7 A hospital or	a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8 A Federal, sta	te, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9 A medical res	earch organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospit	al's name, city,		
and state 🕨				
10 An organizati	on operated for the benefit of a college or university owned or operated by a governmental unit. Section	on 170(b)(1)(A)(w)		
	te the Support Schedule in Part IV-A )			
11a . An organizat	ion that normally receives a substantial part of its support from a governmental unit or from the genei	al pyblic		
Section 170(	b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )			
11b A community	trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )			
12 An organizali	on that normally receives (1) more than 33 1/3% of its support from contributions, membership fee	s, and gross		
racalpts from	activities related to its chaintable, etc., functions - subject to certain exceptions, and (2) no more than	. 33 1 <i>/</i> 3% of		
its support fr	om gross investment income and unrelated business taxable income (less section 511 tax) from busi	nesses acquired		
by the organi	zation after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-	<sup>4)</sup>		
19	on that is not controlled by any disqualitied persons (other than foundation managers) and supports	arganizations described i	n	
19 An organizati	rough 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See se	action 509(a)(3) )		
11) mids 2 di	Provide the following information about the supported organizations. (See Instructions on page	e 4 )		
	(a) Name(s) of supported organization(s)	(b) i	Line nur from ab	uper
	(a) usunda) or supported arithmetically		HILLIAN	
14 An organizat	ion organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)			

	fule A (Form 990) 1998 THE	NEW YORK A	necked a box on line 1	0, 11, or 12 above) Us	13-36 te cash method of accounts cash method of accounts	43485 Page unting. N/A
Caler	Note: You may use th		1	1	i 1	(e) Total
begin 15	(Do not include unusual grants See	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(0) 10(21
16	ilne 28) Mambership fees received					
17	Gross receipts from admissions,	<u> </u>				
•	merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business					
20	activities not included in line 18  Tax revenues levied for the organization s- benefit and either paid to it or expended					
21	on to beholf  The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule Do not include gain or (loss) from sate of capital assets					
23	Total of lines 15 through 22	0.	0	0.	0.	
24	Line 23 minus line 17		<u> </u>	<del> </del>	<b>!</b>	, ,, ,,
25	Enter 1% of line 23 Organizations described in lines 10		i amount in onkima (a) li	ina 24	▶ 259	N/A
28	Attach a list (which is not open to pu	igg († 13. mains alder Distributed (notice and alder	, yet introver in modelity nume has to ensen edit	t contributed by each pers		
	governmental unit or publicly suppo	rted organization) whose	total gifts for 1994 thro	ugh 1997 exceeded the an	rount shown	N/A
	in line 26a. Enter the sum of all these	9 excess amounts			, -	
G	Total support for section 509(a)(1) (	est Enter line 24, columi	n (e)		<b>▶</b> ∫ 2 <u>ղը</u>	_ N/A
đ	Add Amounts from column (e) for t		1	ig		N/A
		22		26b	250	N/A N/A
8	Public support (line 26c minus line 2	26d total)	. i.a. 00- Maramatar	11	► 268 ► 261	N/A
f	Public support percentage (line 26 Organizations described on line 12	a (numerator) divided b	y tine 200 (Benumikiatur	]]		
27	of, and lotal amounts received in ear	a roraniounis niciai	190 jii ikies 10, to, and 1 Islikad norsna "Entartha	sum of such amounts for	each vear	
	(1997)	(1996)	}	(1995)	(1994)	
h	For any amount included in line 17 t	hat was received from a i	nondisqualified person.		me of, and amount received	for each year,
u	that was more than the larger of (1)	the amount on line 25 fo	or the year or (2) \$5,000	(include in the list organia	zations desembed in lines 5 ti	hrough 11, as well a
	individuals ) After computing the dif	ference between the amo	unt received and the larg	jer amount decribed in (1)	or (2), enter the sum of thes	e differences (the
	excess amounts) for each year					
	(1997)	(1996)		(1995)	(1994)	
c	Add Amounts from column (e) for I			16		n/A
	17			21	270	N/A
đ	Add Line 27a total		l line 27b total		\ <u>27d</u>	N/A
6	Public support (line 27c, total minus	ins 27d total)		- 1 l	N/A ►\?7a l	
ı	Total support for section 509(a)(2)	test Enter amount on line	9 23, column (6)	<b>▶</b> 271	► 27g	N/A
	Public support percentage (lin	le 27e (numerator) di	vided by line 271, (de (numerator) Hisialad	nominator)) by line 27f Idenomina		N/A
9	Investment income percentag	e liide 19 caidwy (e)	fromatatot) divided	na man et i Ingunumua		et /which is ant open
	Invested Cunster for an amountain	n decombod in tian 10 11	or 12 that received and	r unusual arants durina 19	194 IIII UUUH 1331. AKACH 4 II	Stillinght to mar and.
28 t	Unusual Grants: For an organizatio public inspection) for each year showl these grants in line 15 (See instructio	ng the name of the costs	, or 12, that received any ibutor, the date and amo	y unusual grants during 19 unt of the grant, and a brit	of description of the nature of	fiha grant Do not l

	edula A (Form 990) 1998	THE NEW YOR	E SCHOOL OF FI	RT	ART OF	13-	3643485 Page 5
_	(To be complet	ad BNLY by an aligible organ	ecting Public Charitie Ization that filed Form 5768)				N/A
		ganization belongs to an affili lacked "a" above and "limited					
Oliv	Li	imits on Lobbying E	xpenditures		(a) Affiliated group to	ı tals	(b) To be completed for ALL electing organizations
	(The ter	m "expenditures" means amo	ounts paid or incurred)		N/A		
36 37 38 39 40 41	Total lobbying expenditures to Total lobbying expenditures to Total lobbying expenditures (Other exempt purpose expenditures) and exempt purpose expenditures (Lobbying nontaxable amount of the amount on the 40 to 15 out over \$500,000 Over \$500,000	o influence a legislative body (add lines 36 and 37) ditures ditures (add lines 38 and 39) t Enter the amount from the The liobbylin	(direct lobbying)	36 37 38 39 40			
42 43 44	Over \$1,000,000 but not over \$1.500,000 but not over \$17,000,000 Grassroots nonlaxable amou Subtract line 42 from line 36 Subtract line 41 from line 38 Caution If there is an amou	\$225,000 pius \$1,000,000 nt (anter 25% of line 41) Enter -0- if line 42 is more ti Enter -0- if line 41 is more ti		42 43 44			
		Some organizations that ma	N-Year Averaging Period Unde ide a section 501(h) election do low. See the instructions for lin	r Section 501(h) not have to compt es 45 (hrough 50 )		nns	
		<del>                                     </del>	<del></del>		ar Averaging Perlod		N/A (8)
	endar year (or at year beginning in)	(a) 199B	(b) 1997	(a) 1996	(d) 1995		Total
$\overline{}$	Lobbying nontaxable amount						0.
	Lebbying ceiling amount (150% of line 45(e)) Total lobbying	i					0.
48	expenditures Grassroots nontaxable					<b></b> :	0.
49	amount Grassroots calling amount	'	]-	yes for man	.!	•	0.
50	(150% of line 48(e)) Grassroots lobbying expenditures					-	0.
_	art VI-B Lobbying (For reporting o	only by organizations that did				<b>-</b>	N/A
			mal, state or local legislation, in	cluding any attemp	t to Yes	No	Amount
a	uence public opinion on a legis Volunteers		nses reported on lines c throug	h kì	-		
b D	raiu stati vi manayəməni (m	icinga eniishaiszannii ili axbai	the tobattan au mian a tatada		<b> </b>	<del> </del>	t ''
-	Media adverbsements				ļ	-	
d 8	Mailings to members, lagistal Publications or published or	tors, or the public broadcast statements					
d B	Mailings to members, legistal Publications or published or Grants to other organizations	tors, or the public broadcast statements s for lobbying purposes		···• <b>·</b>			
d 8	Mailings to members, legistar Publications or published or Grants to other organizations Direct contact with legislators Railies, demonstrations, sem Total lobbying expenditures	tors, or the public broadcast statements s for lobbying purposes s, their staffs, government of unars, conventions, speeches fadd lines o through h)			\	,,,,,,,	0.

12-15 98

, Scheduli	4 /Form 090\ 1098 T	HE GRADUATE SCHO	EMY OF ART	13-3	643485	Page 6
Part	VII Information Re Exempt Organia	garding Transfers To an	d Transactions and	Relationships With Noncha	ritable	
51 D	of the reporting organization d	zactoris breetly or indirectly engage in any of section 501(c)(3) organizations) or i	the following with any other	organization described in section		
5 a T	01(c) of the Code (other than s rangials from the recolling of	ganization to a noncharitable exempl	t organization of	intida digottizations		es No
	(i) Cash	991110001111111111111111111111111111111			51a(l)	X
	li) Other assets				a(II)	+
	ther transactions				b(i)	x
	(I) Sales of assets to a noncha	antable exempt organization			b(II)	X
		a noncharitable exempt organization			b(iii)	X
-	il) Rental of facilities or equip				h(lv)	X
•	iv) Reimbursemant arrangema v) Loans or loan guarantees	BIRS			b(v)	X
(1	(i) Performance of services of	r membership or fundralsing solicita	tions		b(vi)	X
• 5	traction of facilities, equipment	marling lists, other assets, or paid 6	mployees		6	Х
of 18	the anewer to any of the abov	e is "Yes." complete the following so	hadula Column (b) should a	always indicate the fair market value of the		
g	oods, other assets, or services	s given by the reporting organization	it the organization received	i 1855 Inan tair market value in any	N	/A
		ment, show in column (d) the value of	ol (iia dooda' artiel assatz' o	(6)		
(a)	(b) Amount involved	(a) Name of noncharitable ex	compt organization	Description of transfers, transactions, a	nd sharing arrai	igements
						<del></del>
<del></del>		1				
<del></del>						
	<del> </del>					
			are many law awayna are	ramakaan dasaybad in saction 501(c) of	ha	
(	s the organization directly or ii Code (other than section 501(o f "Yes," complete the following	c)(3)) or in section 527?		ganizations described in section 501(c) of	Yes	X No
		a) rganization	(b) Type of organization	(c) Description of relati	onship	
	<u> </u>			,		,
			<u> </u>			<del></del>
			+			,

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

13-3643485

MISC UNDER 5K

444,646.

,				•
THE GRADUATE SCHOOL	OF FIGURATIVE AR	T OF		13-36434
FORM 990	RENTAL	INCOME		STATEMENT
KIND AND LOCATION OF F	PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCO
111 FRANKLIN ST			1	90,96
TOTAL TO FORM 990, PAR	T I, LINE 6A			90,96
FORM 990	RENTAL :	expenses		STATEMENT
DESCRIPTION		ACTIVITY NUMBER	Amount	TOTAL
111 FRANKLIN STREET	- SUBTOTAL -	1	49,216.	49,210
TOTAL TO FORM 990, PAR	T I, LINE 6B			49,216
FORM 990	OTHER	EXPENSES		STATEMENT
	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL	PROGRAM SERVICES	Management And General	FUNDRAISING
STUDENT AID SVCS MODEL FEES	216,093. 77,796.	216,093. 77,796.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA &	88,123. 57,352. 361,504.	88,123. 57,352. 301,253.	60,251.	
LECTURERS INSURANCE CREDIT CARD CHARGES	4,435. 16,370. 16,020.	4,435. 7,324.	9,046. 16,020.	
AYROLL PROCESSING NINCORPORATED USINESS TAXES ONTRIBUTIONS	3,033. 9,000. 4,800.	d.	3,033. 9,000. 4,800.	
OSS ON DONATED ROPERTY FFICE EXPENSE ISCELLANEOUS	13,500. 37,684. 16,483.		13,500. 37,684. 16,483.	
EPAIRS & LAINTENANCE THER FUNDRAISING	0.		,	
COSTS	221,634.			221,634

15 STATEMENT(S) 2, 3, 4 082 THE GRADUATE SCHOOL OF FIGURAT NYAA 1

THE GRADUATE	SCHOOL OF	' FIGURATIVE	E ART OF			13-3643	485
ALLOCATED RENT		<49,216	5.> <36	,912.>	<7,382.>	> <4,9	22.3
OTHER PROFESSI FEES	ONAL	7,775.			7,775.		
TOTAL TO FM 990, LN 43		1,102,386.		,464.	170,210.	216,7	12.
FORM 990		NON-GOVERN	MENT SECUR	ITIES		STATEMENT	5
DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICL TRADED SECURITI	OTHER	TOTAL NON-GO IES SECURIT	V'T
PERMANENTLY RESTRICTED INVESTMENTS	MKT VAL	32,866.				32,8	866.
TO FM 990, LN	54 COL B	32,866.				32,8	66.
FORM 990		O	THER ASSETS	}		STATEMENT	6
DESCRIPTION						TUUOMA	
DEFERRED MORTO DONATED ASSETS CONTRIBUTIONS	3				-	14,1 207,2 50,0	00.
TOTAL TO FORM	990, PART	IV, LINE 58	3, COLUMN E	,	=	271,3	00.
FORM 990		MORTGA	AGES PAYABI	Æ		STATEMENT	1
DESCRIPTION				1		BALANCE DU	Œ
MARINE MIDLANI MARINE MIDLANI				1	•	772,2 113,0	
	א מאז שמסשו ו	990, PART I	v. LINE 64E	. COLUMN	В	885,2	255.

FORM 990		OTHER N	OTES I	AND LOAN	S PAY	ABLE	STATEMENT	
LENDER'S	NAME	TER	MS OF	REPAYME	NT	1		
THE LINDE	BURY TRUST	NON	Œ					
DATE OF NOTE	MATURITY DATE	ORIGIN LOAN AMO		INTER RAT				
08/01/93	08/01/03	100	,000.	6	50%			
SECURITY	PROVIDED BY	BORROWER	PUI	RPOSE OF	LOAN			
RELATIONS	SHIP OF LENDI	ER						
DESCRIPT	ION OF CONSI	DERATION				FMV OF CONSIDERATION	BALANCE DU	E
DESCRIPT	ION OF CONSI	DERATION					BALANCE DU	
			RMS OF	REPAYME	TN	CONSIDERATION		
LENDER'S			<del></del>	REPAYME	TM	CONSIDERATION		
LENDER'S THE LIND	NAME	TEF	ie Ial	REPAYME INTER RAT	EST	CONSIDERATION		
LENDER'S THE LINDI DATE OF NOTE	NAME BURY TRUST MATURITY DATE	TER NON ORIGIN LOAN AMO	ie Ial	INTER	rest 'e	CONSIDERATION		
LENDER'S THE LINDI DATE OF NOTE 12/01/93	NAME BURY TRUST MATURITY DATE	TER NON ORIGIN LOAN AMO	NE NAL DUNT	INTEF RAT	REST PE 550%	CONSIDERATION 0.		
LENDER'S THE LINDI DATE OF NOTE 12/01/93	NAME BURY TRUST MATURITY DATE  12/01/03	TER NON ORIGIN LOAN AMO	NE NAL DUNT O,000.	INTER RAT	REST TE 550%	CONSIDERATION 0.		
LENDER'S THE LINDI DATE OF NOTE 12/01/93 SECURITY	NAME BURY TRUST MATURITY DATE  12/01/03	ORIGIN LOAN AMO 100 BORROWER	NE NAL DUNT O,000.	INTER RAT (RPOSE OF	REST TE 550%	CONSIDERATION 0.		
LENDER'S THE LINDI DATE OF NOTE 12/01/93 SECURITY	NAME BURY TRUST  MATURITY DATE  12/01/03  PROVIDED BY	ORIGIN LOAN AMO 100 BORROWER	NE NAL DUNT O,000.	INTER RAT (RPOSE OF	REST TE 550%	CONSIDERATION 0.		
LENDER'S THE LINDI DATE OF NOTE 12/01/93 SECURITY RELATION	NAME BURY TRUST  MATURITY DATE  12/01/03  PROVIDED BY	ORIGIN LOAN AMO  100  BORROWER	NE NAL DUNT O,000.	INTER RAT (RPOSE OF	REST TE 550%	CONSIDERATION 0.		00.

THE GR	ADUATE SCHOO	L OF FIGURA	TIVE A	RT O	F -		13-364348
LENDER'S	NAME	TERM	s of R	EPAY	MENT		
THE LIND	BURY TRUST	NONE			<del></del>		
DATE OF NOTE	MATURITY DATE	ORIGINA LOAN AMOU			erest ate		
02/01/94	02/01/04	150,	000.		650%	•	
SECURITY	PROVIDED BY	BORROWER	PURP	OSE	OF LOAN		
			WORK	ING	CAPITAL		
RELATIONS	SHIP OF LEND	ER					
DESCRIPT	ION OF CONSI	DERATION				FMV OF CONSIDERATION	BALANCE DUE
						0.	150,000
LENDER'S			S OF R	EPAY	MENT		
MICHAEL E	MUAE	MONT	HLY				
DATE OF NOTE	MATURITY DATE	ORIGINA LOAN AMOU			erest Ate		
08/01/98	04/01/00	100,0	000.		.00%		
SECURITY	PROVIDED BY	BORROWER	PURP	OSE (	OF LOAN		
RELATIONS	SHIP OF LENDE	ER .					
ESCRIPT]	ION OF CONSI	DERATION				FMV OF CONSIDERATION	BALANCE DUE
		•				0.	40,000
ሰረመጽፓ ፕኦፕሪ	CLUDED ON FOR	סאל מיס מיס אוכ	זיד יו	יינוגד.	64 CO	f.IIMNI B	390,000
אוד השדר.	TO A TO THE TOTAL	THE POOP TAIL	v /		34, 001	₩~~447 ¥/	

FORM 990 OTHER LIABILITIES STATEMENT  DESCRIPTION AMOUNT  DEFERRED INTEREST PAYABLE 138,7 DEFERRED RENTAL INCOME 10,0 UNEARNED TUITION INCOME 98,5  TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B 247,2  FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT  DESCRIPTION AMOUNT  RENTAL ACTIVITY(NETTED ON RETURN) 49,2  FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT  DESCRIPTION AMOUNT  RENTAL ACTIVITY(NETTED ON RETURN) 49,2	13-3643485	
FORM 990	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	ŗ	AMOUNT
DEFERRED RENTAL IN	COME	138,786. 10,000. 98,512.
TOTAL TO FORM 990,	PART IV, LINE 65, COLUMN B	247,298.
FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 10
DESCRIPTION		TUUOMA
RENTAL ACTIVITY (NE	TTED ON RETURN)	49,216.
TOTAL TO FORM 990,	PART IV-A	49,216.
FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
RENTAL ACTIVITY (NE	TTED ON RETURN)	49,216.
TOTAL TO FORM 990,	PART IV-B	49,216.

### welope.Postwark Way 1 2 1999

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Form 2758

# Application for Extension of Time To File

Certain Excise, Income, Information, and Other Returns OMR No 1545-0148 (Rev June 1998) opartment of the Treasury File a separate application for each return Internal Revenue Service Employer identification number Name The Graduate School of Figurative Art of the Please type or New York Academy of Art
Number street, and room or suite no (or PO box no if mail is not delivered to street address) 13-3643485 print File lhe original and one copy by the due date for filing lll Franklin Street your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions New York / NY 10013 instructions Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and Irusts. must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041 1 I request an extension of time until February 15 , 2000 , to file (check only one) Form 1120-ND (sec 4951 taxes) Form 8612 Form 990-T (sec 401(a) or 408(a) trust) Form 706-GS(D) Form 8813 Form 3520-A Form 990-T (trust other than above) Form 706-GS(T) Ferm 8725 Torm 990 or 990-EZ Form 4720 Form 1041 (estate) (see instructions) Form 8804 Form 5227 Form 1041-A Form 990-BL Form 6069 Form 8831 Form 1042 Form 990-PF If the organization does not have an office or place of business in the United States, check this box **▶** □ \_,\_\_\_\_and ending 6/30/99 2a For calendar year \_\_\_\_\_, or other tax year beginning 7/1/98 Yes R No 3 Has an extension of time to file been previously granted for this tax year? State in detail why you need the extension <u>All necessary information not yet</u> received by organization 5a If this form 706-GS(D), -706-GS(M), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613,8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions b. If this form is interest 990-PG 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due Subtract line 5b from line 5a include your payment with this form, or deposit with FTD 0 coupon if required See Instructions HOLLS /ILLE 11/11/4.) Signature and Verification
Under penellies of perjury 1 declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form CC4 Tille > FILE ORIGINAL AND ONE COPY The IRS will show below whether or not your application is approved and will return the copy Notice to Applicant - To Be Completed by the IRS Wa HAVE approved your application Please attach this form to your return We HAVE NOT approved your application. However, we have granted a 10-day grade period from the later of the date shown below or the due date of your return (including any prior extensions). This grade period is considered to be a valid extension of time for elections otherwise required to be made on a timely return . - ase attach this form to your return We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period We cannot consider your application because it was ited after the date of the return for which an extension was requested ☐ Other \_

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent Cohen Greve & Company, CPA, Please Number street, and room or strile no (or PO box no, if mail is not delivered to street address) Туре OF 485 Jericho Toke Chi form or post of cell state and ZIP code For a foreign address, see instructions Print 11501 <u> Nineola, NY</u>

For Paperwork Reduction Act Notice, see back of form.

Director

ISA STF FED4663F

Date

## Exhibit D

### Return of Organization Exempt From Income Tax

Under section 501(c) of the internal Revenue Code (except black lung benefit trust or newste foundation) or section 4947(a)(1) nonexempt charitable trust

		Treesury Service Note: The organization may have to use a copy of this n	eturn to setisfy st	ate reporting requirem	ents. to Publi	s inspection
	evenue : he 100	19 calendar year, OR tax year period beginning JUL 1, 199	9 and ending	JUN 30, 2	000	
Chec		C Name of organization			ıyar identlilcətlen i	redmun
	aube	Piesse THE GRADUATE SCHOOL OF FIGURAT	VE ART C	F		
	dress	www mus new vork academy of ART		13	-3643485	
in	ties (	humber and street (or P.O. box if mail is not delivered to street add	iress)	Room/suite E Talep	hone number	
T)FW	um l	See Specific 111 FRANKLIN ST			2-966-03	
~~~	nended	Instruc-		F Check	mexe hi	ptien
(mg	turn and stace tale	ASSET VODE NV 10013				tion is pending
Type	reng) '	(Insert number) OR	section 494	(7(a)(1) nonexempt chari	table trust	
		was two a	table trusts MU	S RELECT & COMPRE	10 OCHADORA V. (I.	orm 990).
al lo	this a	group return filed for affiliates?	io i Heitherbo	x in H is checked "Yes, e	nter four-digit group	р -
=   -  h   f	045 0 1 Yes " 4	enter the number of affiliates for which this				
W) **	tumie	filed'	J Accounting	g method: Cash	X Accrual	
-1 I.		Yes A	vo Don	er (specify)		
<u>c) m</u> Chaci	ony a se	if the organization's gross receipts are normally not more than \$25,	000. The organizat	ion need not file a return	with the IRS; but	
if it a	t Here, waiwad	a Form 990 Package in the mail, it should file a return without financial data.	Some states requ	ire a complete return.		
11 HL II	C	90-EZ may be used by organizations with gross receipts less than \$1	00.000 and total	assets less than \$250,	000 at end of yea	r
ne: /	orm 9:	Revenue, Expenses, and Changes in Net Assets or F	und Balance	S ,	•	
		Contributions, gifts, grants, and similar amounts received:		Į.		
	1 (	Direct public support	1 12-	915,907		
	<b>a</b> !	Indirect public support	. 16			
	. <b>b</b>	Government contributions (grants)	10	• • • •		
1	£ 1	Government contributions (grants)		STMT 1		
	đ	Total (add lines to through 1c) (attach schedule of contributors) (cash \$ 915,907. noncash \$	\ ·		11 9	15,907.
١.		Program service revenue including government fees and contracts (from Part	VII line 07\	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 1,7	73,343.
	2 .	Program service revenue including government tees and contracts (from Fatt	V(1, 1010 30)		3	
	3	Membership dues and assessments			4	28,824.
1	4	Interest on savings and temporary cash investments		.,, .,,,	8	
- [	5	Dividends and interest from securities  Gross rents  SEE STATEMENT	2   60	27,294.	2002	
	.6 a	Gross rents Less: rental expenses CO O SEE STATEMENT	2 2	57,804.		
	b	Less: rental expenses SEE STATEMENT	<u> </u>		6c <	30,510.
•	C.	Net rental income or (loss) (subtract line 6b from line 6a)			7	
5	7	Other investment income (decrybe		/D) (Whee	Sacial Comment	
Revenue	8 a '	Gross amount from sale at essets other (A) Securities		(B) Other	<b>394</b>	
<u> </u>		than inventory	8a			
	b	Less onst or other basis and sales expenses	Bb	<u> </u>		
	Ç	Gain or (loss) (attach achadula)	88		\$0.00000 \$0.000000	
	ď	Net gain or (loss) (combine line 8c, columns (A) and (B))			80	
	9	Special events and activities (attach schedule)				
Į	1	Gross revenue (not including \$ of contribution	IS			
1		renorted on line 1a)	30			
	þ	Less: direct expenses other than fundralsing expenses	<u>9</u>		18798	•
	c	Net Income or (loss) from special events (subtract line 95 from line 9a)			96	
	10 8	Gross sales of inventory, less returns and allowances	10a			
	h	Lass: cost of goods sold	10b [		k% 500	
	G	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line	10b from line 10a)		100	11,196.
1	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			- · · · · · · · · · · · · · · · · · · ·	
	13	Program services (from line 44, column (B))				509,133.
8	14	Management and general (from line 44, column (C))				751,845.
Expense	15	Fundadolore (from the 64 column (0))			<del></del>	292,600.
Ħ	15	Payments to affiliates (attach schedule)			18	<del></del>
ш.	17	Total expanses (add lines 16 and 44, column (A))	*****************		17 2,0	553,578
	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	45,182.
1	19	Not secure or hand halances at beginning of year (from line 73, column (A))			19 2,5	68,388.
_뭐		the managed on the contract of the sales of		A CHARLEST A	1 1	13,664.
Neg Sector	20	Other changes in net assets or fund balances (attach explanation)	SEE ST	AILMENI +	20	27,234.

14560322 796661 NYAA

1999.08200 THE GRADUATE SCHOOT OF FIGU NYAA

6

THE GRADUATE SCHOOL OF FIGURATIVE ART OF Page 2 13-3643485 THE NEW YORK ACADEMY OF ART Form 990 (1999) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and Part II Statement of Functional Expenses (4) organizations and section 4947(a)(1) nonexampt charitable trusts but optional for others. Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (C) Management (B) Program services (D) Fundraising IsfoT (A) and general 22 Grants and allocations (attach schedule) .......... noncesh \$ 23 23 Specific assistance to individuals (attach schedule) 24 24 Sensitis paid to or for members (attach schedule) Ò. 69,094 69,094. 25 Compensation of officers, directors, etc. 25 285,551. 279,029. 564,580. 28 Other salaries and wages ..... 28 6,605. 6,236. 12,841. 27 27 Pension plan contributions 28 28 Other employee benefits ...... 47,163. 43,677. 90,840. 29 29 Payroll taxes 39 30 Professional fundraising fees 31 Accounting fees ..... 31 32 Legal fees 32 37,152. 37,152 33 Supplies 33 13,350. 13,350. 34 34 Telephone 29,576. 29,576. 35 36 Postage and shipping 36 35 Occupancy 11,467. 11,467. 37 37 Equipment rental and maintenance 2,167. 50,659. 52,826. 38 38 Printing and publications 53,496. 41,662. 11,834. 39 39 Travel 40 40 Conferences, conventions, and meetings .......... 104,668. 20,934. 125,602. 41 41 Interest 31,255. 31.255. 42 42 Depreciation, depletion, etc. (attach schedule) ...\* 43 Other expenses (itemize): 43 43b b 43£ 43d 292,600. 298,465. 970,434. 1,561,499. SEE STATEMENT 5 438 Total functional expenses (add lines 22 through 43) Organizations completing columns (6)-(0), carry the 292,600. 751,845 2,653,578. 1,609,133. Reporting of Joint Costs. - Old you report in column (8) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes: X No and (iv) the amount allocated to Fundraising \$ (III) the amount allocated to Management and general \$ Part 期 Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Servica Expenses EDUCATION All organizations must describe their exempt purpose achievements in a clear and concise manner, State the number of clients served, publications leaved, etc. Die schlevements that are not measurable. (Section 501(clid) and (4) organizations and 4947(a)(1) nonexempt charleste trusts must also enter the emount of grants and (Required for 501(d)(3) and (4) orga., and 4947(a)(1) . trusts; but optional for others.) THE ACADEMY OFFERED CLASSES TO APPROXIMATELY 120 FULL & PART TIME STUDENTS WORKING TOWARDS A MASTER OF FINE ARTS DEGREE IN FIGURATIVE ART. THE ACADEMY ALSO OFFERS CONTINUING EDUCATION. 1,609,133. (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ (Grants and adocations \$ (Grants and allocations \$ Other program services (attach schedule) 1,609,133. f Total of Program Service Expenses (should equal line 44, column (B), Program services) Form 990 (1999) באיעות ווידים שות התחומים שישימות משישי החרבה ספסדי -TARENZOO TORERT NIVAR

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

Form 990 (1999)

13-3643485 ' Page 3 THE NEW YORK ACADEMY OF ART

018;		re required, attached schedules and amou id be for end-of-year amounts only.	ints within the description column	(Å) Beginning of year	(B) End of year
		A		660,074. 45	720,405
1	45	Cash - non-interest-bearing		- 46	
ı	46	Savings and temporary each investments			
			479 64,860.	•	
		Accounts receivable		85,553. 470	58,860
	D	Less; allowance for doubtful accounts	483 534,440.	03/333.	
	48 a	Pladges receivable	484 534,440.		
- 1	b	Lass; allowance for doubtful accounts	480	1,001,004. 486	534,440
	49	Grants receivable		49	
ł	50 ·	Receivables from officers, directors, trustees,	. 50		
		and key employees		. 30	
Assets	51 a	Other notes and loans receivable	518		
2		Less: allowance for doubtful accounts		51 <u>c</u>	
. 1	52	Inventories for sale or use		26 220	21,365
	53	Prepaid expenses and deterred charges Investments - securities	- Arms arm	26,329.53	157,851
- 1	54 .		STMT 6	32,866. 54	131,031
	55 a	Investments - land, buildings, and		[99]	•
		equipment: basis	552		•
		,	1.1		
	b	Less: accumulated depreciation	55b ''''	^/ 55e^	
				58	
	57 a	Land, buildings, and equipment: basis	57a 3,514,427.	200	
	þ	Less: accumulated depreciation	576 776,899.	2,599,370. 576	2,737,528
•	58	Lass: accumulated depreciation Other assets (describe	SEE STATEMENT 7	271,300. 58	364,250
		•		4,676,496. 59	4,594,699
_	59	Total assets (add lines 45 through 58) (must			153,308
	60	Accounts payable and account expenses			133,300
	61	Grants payable		<u></u>	! 
	52	Deferred revenue		. 62	<u></u>
Jaburbes	63	Loans from officers, directors, trustees, and	- · · · · · · · · · · · · · · · · · · ·	. 63	· · ·
<u> </u>	64 1	Tax-exempt bond flabilities	desire of desired of	1 275 255 B4a	1 174 150
	t	Mortgages and other notes payable	STMT 8 STMT 9	1,275,255. B4b	1,174,150
	65	Other Nabilities (describe	SEE STATEMENT 10	247,298. 65	240,007
	66.	Total liabilities (add lines 60 through 65)		1,708,108. 68	1,567,465
	Organ	nizations that follow SFAS 117, check here	X and complete lines 67 through	·	
		69 and lines 73 and 74.	· · · · · · · · · · · · · · · · · · ·		
ğ.	87	Unrestricted	•	1,391,871. 87	1,294,338
	68	Temporarily restricted		18,344. 88	93,849
3	69			1,558,173. 69	1,639,047
힏		nizations that do not follow SFAS 117, check		WW	
5	0.95	70 through 74			•
5	70	•		70	
â	71		nd equipment fund	71	
3	72		income, or other funds	72	
Net Assets or Fund Balance	1	Total net assets or fund balances (add lines	F		
Ž	73	column (A) must equal line 19 and column (I		2,968,388. 73	3,027,234
	1		ess (add lines 66 and 73)	4,676,496. 74	4,594,699

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

THE GRADUATE SCHOOL ( Form 990 (1999) THE NEW YORK ACADEMY		Page
Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Auditer Financial Statements With Expenses p Return	<u>d</u>
a Total revenue, gains, and other support per audited financial statements.	a Total expenses and losses per audited financial statements a 2,711,	382
b Amounts included on line a but not on line 12, Form 990:	b Amounts included on line a but not on line 17, Form 990;	
(1) Net unrealized gains on investments \$ 13,664.	(1) Donated services and use of facilities\$	
(2) Donated services	(2) Prior year adjustments reported on line 20,	
and use of facilities \$	Form 990	
year grants\$_	line 20, Form 990 \$	
(4) Other (specify): STMT 11 \$ 57,804.	(4) Other (spacify): STMT 12 \$ 57,804.	
Add amounts on lines (1) through (4) b 71,468.  tine a minus line b c 2,698,760.	Add amounts on lines (1) through (4) b b 57.	804.
d Amounts included on line 12, Form 990 but not on line s:	c Line a minus fine to d Amounts included on line 17, Form 990 but not on line a:	<b>3/8.</b>
(1) Investment expenses	(1). Investment expenses	
not Included on line 6b, Form 990 \$	not included on line 5b, Form 990 \$	
(2) Other (specify):	(2) Other (specify):	57,37,55 85,99,45
Add amounts on lines (1) and (2)   d	Add amounts on lines (1) and (2)	
8 Total revenue per line 12, Form 990 (line a plus line d)  • 2,698,760.	Total expenses per line 17, Form 990	<del></del>
Part ¥ List of Officers, Directors, Trustees, and Key E	(line e plus line d) b 8 2,653,	578.
(A) Name and address		xpense int and
RANDOLPH LERNER	CHAIRMAN	lowances
EAST HAMPTON, NY 11968	AS NECC 0. 0.	0.
DAVID K SCHAFER	PRESIDENT	
	AS NECC 0. 0.	0.
LUDWIG KUTTNER	TREASURER	
	AS NECC 0. 0.	0.
	SECRETARY	
SOUTHAMPTON, NY 11968	AS NECC 0. 0.	. 0.
	EXECUTIVE DIRECTOR	
	AS NECC 17,307. 865.	0.
	VP OF ACADEMIC AFFAIRS	
NEW YORK, NY 10036	AS NECC 51,787. 2,590.	0.
		<del></del>
	"	
75 Did any officer, director, trustee, or key employee receive aggregate compensation organizations, of which more than \$10,000 was provided by the related organization.	n of more than \$100,000 from your <u>organization and all related</u>	(19 <del>99</del> )

Form	THE GRADUATE SCHOOL OF FIGURATIVE ART OF 13-3643	485		Page
Par	*WE Other Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	2000	X
	If "Yes," attach a conformed copy of the changes.		A 1996	13
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	782	X	⊢
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	76b	X	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	10000000	12 Carrier 10
	If "Yes," attach a statement;	200		
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,	(S. 38.8)	Paler	X
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	60a	10266 362	1 22
b	If 'Yes,' enter the name of the organization			
	and check whether it is exempt OR nonexempt.		880	
81 <b>s</b>	Enter the amount of political expenditures, direct or indirect, as described in the	1		
	Instructions for like 61	4×~~	lisisus	X
þ	Did the organization file Form 1120-POL for this year?	81b	399220	
82 1		99999	X	18.2.2
	fair rental value?	82a	1832834.7	5.052
Þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part 1 or as an			100
	expense in Part II. (See instructions for reporting in Part III.)	183a	X	122
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	X	┼
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	842	-	X
64 a	Did the organization solicit any contributions or gifts that were not tax deductible?	1.0530	Vanis P	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  N/A	1000	posis	
		845	<del> </del>	+-
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  N/A	85a 85h	┼	┼─
þ	DOI THE OLDSHITSHOU HISKE OLD HANDORSE GODDANG EXPRINGERS OF ACTOR OF 1922.	000	2267,395.0	<del>. 100 7</del>
٠.	. If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.  Dues recommende and similar amounts from members  N/A			k
	Dues, assessments, and street tribunts in the control of the contr			000
đ	37/A			100
	wildtedare unudennenne student et saction copplett f/wl ages vences			100
. 1	taxable dinothit of topying and position ordered order	85a	1.00 M	<b>1</b> ~~~
Ē	bass the following and to be and sector appoint my on the second as any	. 009	<del> </del>	<del> </del>
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to consider the lobbying and political expenditures for the following tax year?	85h		1
	allocable to nondeductible tobbying and political expenditures for the following tax year?  501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12  68a N/A		553	177.
85	Gross receipts, included on line 12, for public use of club facilities 88b N/A	1939		1
b	GIOSS (acaptis, Michigaed On time 12, for public use of class facilities	1000		
87	501(c)(12) organizations. Enter: Gross income from members or shareholders 87a - N/A			
	Gross income from other sources. (Do not net amounts due or paid to other sources			100
U	against amounts due or received from them.)			1 💖
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1:		1
<b>30</b>	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	1		1
	If "Yes," complete Part IX	88		X
89 4		¥338	<b>***</b> ***	100
<b>4</b>	Section 4911 ► 0 - ; section 4912 ► 0 - ; section 4955 ► . 0 -			100
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
•	transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
•	sections 4912, 4955, and 4958			0
đ	Enter: Amount of tax in 89c, above, reimbursed by the organization			0
90 a	List the states with which a copy of this raturn is filled NEW YORK			
50.0	Number of employees employed in the pay period that includes March 12, 1999	905		3
•			-	
91	The books are in care of ► THE ORGANIZATION Telephone no. ► 212-96	560	300	)
91	The design state of the state o			
	Located at ▶ 111 FRANKLIN STREET NEW YORK, NY ZIP +4 ▶	1001	. 3	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here	•	. ▶[	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A	
92304 01-31	1. -00	For	n <b>99</b> 0	(199

Entire yorks amounts unless otherwise indication.  Indica	Form 990	Analysis of Income-Pro			MY OF ART	·		3643485 Page 6
Second Content of the Content of Content o				Unrelat	ed business income	Exclud	ed by section 512, 513, or 514	(E)
Section   Comparison   Compar	Indicated	•		Iusiness		Exctu-		
Continued   Cont			<u> </u>	C008		0000		1.773.343.
(c) (d) (e) (e) (f) Medicara/Medicaki payments (g) Pres and contracts from government agencies 94 Membership dues and assessments 95 Interest on sanding and temporary cash investments 96 Membership dues and assessments 97 Met rental income or (less) from real estate: (a) deb-floranced property (b) not deb-floranced property 98 Net rental income or (less) from personal property 99 Net rental income or (less) from personal property 100 Cain or (less) from special events 101 Cain or (less) from special events 102 Cain or (less) from special events 103 Cain or (less) from special events 104 Cain or (less) from special events 105 Cain or (less) from special events 106 Cain or (less) from special events 107 Cain or (less) from special events 107 Cain or (less) from special events 108 Cain or (less) from special events 109 Cain or (less) from special events 109 Cain or (less) from special events 100 Cain or (						┼┤		27.7070200
(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)	(b)	<del></del>				<del> </del>		
(g) Fees and contracts from government agencies  94 Membership dues and assessments  95 Interest on savings and temporary cash investments  96 Nidernote and different from securities  97 Net rental income or (loss) from resile estate: (a) doubt-financed property (b) not debt-financed property (c) not debt-financed property (d) not debt-financed property (e) not debt-financed property (f) not debt-financed property (g) other investment income  100 Gain or (loss) from personal property (g) Other investment income  101 Gain or (loss) from sales of assets (g) debt-financed property (g) Other investment income (g) Other investment income (g) Other investment income (g) Other investment income (g) Other investment of income (loss) from sales of inventory (g) Other investment income (g) Other investment of income investment of the original investment of income inco	(c)		———  }			<del>                                     </del>		
(ii) MedicarnAvdicial payments (g) Fees and contracts from government agencies 94 Membership dies and assessments 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Met rental income or (loss) from real estate: (a) date-financed property (b) not detel-financed property (c) not detel-financed property (d) not detel-financed property (e) not detel-financed property (f) not detel-financed property (g) other investment income 100 Gain or (loss) from seases of assess dater than inventory (iii) other revenue:  101 Net income or (loss) from seases of inventory (iii) other revenue:  2					· · · · · · · · · · · · · · · · · · ·	┝─┤		
(g) Piess and contracts from government agencies  94 Membership dues and assessments  95 Interest on savings and temporary cash investments  97 Net rental income or (loss) from real estate: (a) dist-financed property (b) not deal-financed property (c) not deal-financed property (d) not deal-financed property (e) Other investment income (foss) from personal property (e) Other investment income (foss) from personal property (fosi) for meals of assets (form of (loss) from sales of assets (f			<u> </u>			1		
4 Membership dues and sessesments 5 Interest on surings and temporary cash investments 9 Not rental income of (loss) from realestate: (a) debt-financed property (b) not debt-financed property (c) not debt-financed property (d) not debt-financed property (e) not debt-financed property (e) not debt-financed property (f) not debt-financed property (g) not debt-financed pro		· · · · · · · · · · · · · · · · · · ·				<del>  </del>		
95 Interest on savings and temporary cash investments 95 Ovidends and interest from securities 97 Ret rental income or (loss) from real estate: (a) dabb-financed property (b) not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Cain or (loss) from sales of assets other than inventory 101 Net income or (loss) from sales of inventory 103 Other revenue:  MISCELLANEOUS  104 Subtotal (add columns (8), (0), and (E))  105 TOTAL (add line 104, columns (8), (0), and (E))  106 TOTAL (add line 104, columns (8), (0), and (E))  107 TOTAL (add line 104, columns (8), (0), and (E))  108 Subtotal (add columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  100 TOTAL (add line 104, columns (8), (0), and (E))  101 TOTAL (add line 104, columns (8), (0), and (E))  102 TOTAL (add line 104, columns (8), (0), and (E))  103 TOTAL (add line 104, columns (8), (0), and (E))  105 TOTAL (add line 104, columns (8), (0), and (E))  106 TOTAL (add line 104, columns (8), (0), and (E))  107 TOTAL (add line 104, columns (8), (0), and (E))  108 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0),					<u> </u>		· · · · · · · · · · · · · · · · · · ·	
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(a) debt-financed property   (b) not debt-financed property   (b) not debt-financed property   (c) not debt-financed property   (d) not debt-financed property   (e) not debt-financed property   (e			5650	arsan aan aas	Secretario Compressor agreements to the	100,000		
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100 Gain or (loss) from sales of assets other than inventory 101 Not income or (loss) from special swents 102 Gross profit or (loss) from sales of inventory 103 Other revenue:  a MISCELLANEOUS  b  c  d  c  104 Subtotal (add columns (8), (0), and (E))  105 TOTAL (add line 104, columns (8), (0), and (E))  Note: (Line 105, plus time 1, 4, Part., should equal the amount on time 12, Part.)  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain how each activity for which income is reported in column (E) of Part VIII contributed importantly to the accomplishment of the organization's  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  104 Subtotal (add line 104, columns (8), (0), and (E))  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  105 TOTAL (add line 104, columns (8), (0), and (E))  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  106 TOTAL (add line 104, columns (8), (0), and (E))  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  107 TOTAL (add line 104, columns (8), (0), and (E))  108 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  100 TOTAL (add line 104, columns (8), (0), and (E))  100 TOTAL (add line 104, columns (8), (0), and (E))  101 TOTAL (add line 104, columns (8), (0), and (E))  102 TOTAL (add line 104, columns (8), (0), and (E))  103 TOTAL (add line 104, columns (8), (0), and (E))  104 TOTAL (add line 104, columns (8), (0), and (E))  105 TOTAL (add line 104, columns (8), (0), and (E))  106 TOTAL (add line 104, columns (8), (0), and (E))  107 TOTAL (add line 104, columns (8), (0), and (E))  108 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8), (0), and (E))  109 TOTAL (add line 104, columns (8),	98 Net	rental income or (loss) from personal pr	oparty			<u> </u>		
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102 Gross profit or (loss) from sales of inventory  103 Other revenue:  a MISCELLANEOUS  b  c  d  d  c  104 Subtotal (add columns (B), (D), and (E))  105 Subs tine 1d, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes  Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)  93A TUITION RECEIVED IS UTILIZED FOR THE SOLE PURPOSE OF SUPPORTING THE  93A GRADUATE PROGRAM AND CONTINUING EDUCATION PROGRAMS  Part IX Information Regarding Taxable Subsidiaries (Complete this Part If the "fest" box on 88 is checked.)  Part IX Information Regarding Taxable Subsidiaries (Complete this Part II the "fest" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership interest  NATURE OF TAXABLE AND TOTAL INCOME.  Part IX Information Regarding Taxable Subsidiaries (Complete this Part II the "fest" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership interest  NATURE OF TAXABLE AND TOTAL INCOME.	oth	er than inventory				ļ		<u> </u>
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**MISCELLANEOUS 03 11,196.**  **ISCELLANEOUS 03 11,196.**  **ISCELLANEOUS 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	102 Gro	iss profit or (loss) from sales of inventor	y			ļ		
D  Compared to the properties of the properties						-	· ·	1, 100
104 Subtotal (add columns (8), (0), and (E))   <30,510.   0. 1,813,363.	1	MISCELLANEOUS				03		11,190.
104 Subtotal (add columns (8), (0), and (E))   <30,510.   0. 1,813,363.	b							<u> </u>
104 Subtotal (add columns (8), (0), and (E))   <30,510.   0. 1,813,363.								•. •
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Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  93A TUITION RECEIVED IS UTILIZED FOR THE SOLE PURPOSE OF SUPPORTING THE  93A GRADUATE PROGRAM AND CONTINUING EDUCATION PROGRAMS  Part X Information Regarding Taxable Subsidiaries (Complete this Part If the "Yes" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest ownership interest ownership interest when the subsidiaries activities assets.	Note: (	Line 105 plus line 1d. Part I, should e	quel the emou	nt on line	12. Part I.			
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93A TUITION RECEIVED IS UTILIZED FOR THE SOLE PURPOSE OF SUPPORTING THE 93A GRADUATE PROGRAM AND CONTINUING EDUCATION PROGRAMS  Part N Information Regarding Taxable Subsidiaries (Complete this Part If the "Yes" box on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest ownership interest number of corporation or partnership number of corporation or partnership number of corporation or partnership interest number of corporation or partnership number of corporation number of corporati	Line M	Explain how each activity for which	income is reporte	id in calum	in (E) of Part VII contribute	d impor	tantly to the accomplishment	of the organization's
Part N Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" bux on 88 is checked.)  Name, address, and employer identification number of corporation or partnership ownership interest Nature of business activities Total income assets  N/A  %  **  **  **  **  **  **  **  **  **		THITTION RECEIVED	IS UTIL	TZED	FOR THE SOL	E PU	RPOSE OF SUPP	ORTING THE
Part DC  Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)   Name, address, and employer identification number of corporation or partnership ownership interest   Nature of business activities   Total income   End-of-year assets		CRADUATE PROGRAM	AND CON	TINUI	NG EDUCATION	V PR	OGRAMS	
Part DX   Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" bux on 88 is checked.)   Name, address, and employer identification number of corporation or partnership ownership interest   Nature of business activities   Total income   End-of-year assets	J J41	Jidabottaa a Kooteaa						
Part DX   Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" bux on 88 is checked.)   Name, address, and employer identification number of corporation or partnership ownership interest   Nature of business activities   Total income   End-of-year assets				<b>~</b> ····			•	
Part DX   Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" bux on 88 is checked.)   Name, address, and employer identification number of corporation or partnership ownership interest   Nature of business activities   Total income   End-of-year assets							· · · · · · · · · · · · · · · · · · ·	
Part DX   Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" bux on 88 is checked.)   Name, address, and employer identification number of corporation or partnership ownership interest   Nature of business activities   Total income   End-of-year assets					· · · · · · · · · · · · · · · · · · ·			
Name, address, and employer identification number of corporation or partnership interest ownership interest %  N/A %  %  ***  ***  ***  ***  ***  ***  **								
Name, address, and employer identification number of corporation or partnership interest ownership interest %  N/A %  %  ***  ***  ***  ***  ***  ***  **			<u>:</u>				·	
Name, address, and employer identification number of corporation or partnership interest ownership interest %  N/A %  %  ***  ***  ***  ***  ***  ***  **	- 45×	No Information Recording	Taxable S	shaidla	ries (Complete this Part	if the "Y	(es" box on 88 (s checked.)	
number of corporation or partnership ownership interest  N/A  %  %  %  %  ***  ***  ***  ***  ***					-			End-of-year
N/A %  %  %  ***  ***  ***  ***  ***  ***	Name.	attoress, and employer identification		N.	ature of business activities		Total income	
% Second and the seco							<del> </del>	
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5/9/01 Ludwig Kuttner, Treasurer

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

Form 990 (1999) THE NEW YORK ACADEMY OF ART 13-3643485 Page 6 Part VII Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise (E) (C) Exctu ston code Related or exernot (D) Amount 93 Program service revenue: Amount function income coda (a) TUITION &FEES 1,773,343. (b) (c) (d) (8) (f) Medicare/Medicaid payments ..... (g) Fees and contracts from government agencies ...... 94 Membership dues and assessments 95 Interest on savings and temporary cash investments 28,824. 98 Dividends and Interest from securities 97 Net rental income or (loss) from real estate: (a) debt-financed property 531120 (b) not debt-financed property 98 Net rental income or (loss) from personal property .....: 98 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: MISCELLANEOUS 03 11,196. <30,510.104 Subtotal (add columns (B), (D), and (E)) Ō. 1,813,363. 105 TOTAL (add line 104; columns (8), (D), and (E)) Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's Line No. exempt purposes (other than by providing funds for such purposes). 93A TUITION RECEIVED IS UTILIZED FOR THE SOLE PURPOSE OF SUPPORTING THE 93A GRADUATE PROGRAM AND CONTINUING EDUCATION PROGRAMS Part X Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 68 is checked.) Name, address, and employer identification Percentage of End-of-year Nature of business activities Total income number of corporation or partnership ownership interest assets N/A % Ludwig Kutther, Treasurer

SCHEDULE A (Form 990)

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 601(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information

Department of the Treasury Internet Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. GRADUATE SCHOOL OF FIGURATIVE ART OF THE NEW YORK ACADEMY OF ART

Employer identification number 13 3643485

(See instructions. List each one. If there are none, enter "None.")  (a) Name and address of each employee paid  more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			
Part B Compensation of the Five Highest Paid Independent (See instructions. List each one (whether individuals or firms). If there	endent Contractors ( a are none, enter "None.")	for Profession	al Services	
(a) Name and address of each independent contractor paid more t	1	(b) Type of	sarvica	(c) Compensation
NONE			·	
	_ 1			

\$50,000 for professional services LHA For Paperwork Reduction Act Molice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Total number of others receiving over

Carrier.	saucin	im 990) 1999 THE NEW YORK ACADEMY OF ART		Yes	No
		Statements About Activities	<del></del> -	-	
D	uring the	year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public	1		X
01	olnion or	a legislative matter or referendum?  ter the total expenses paid or incurred in connection with the lobbying activities  \$	. 633	* 34	
IT O	, Yes, en	ter the total expenses paid of interfect in confidential with the loosysty sectors.  One that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
0	ryanizau Manizati	ins checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of		80 6 TA	64.1% 44.1%
		ng activities.			
D	urine Ma	year, has the oganization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,			s = 1
ni	More o	eators, key employees, or members of their families, or with any taxable organization with which any such person is			
aí	filiated a	s an officer, director, frustee, majority owner, or principal beneficiary;		900	
# S	aie. exch	ange, or leasing of property?	. 23	ļ	X
					l "
b L	ending o	money or other extension of credit?	. <u>2b</u>	-	X
	-			i	
¢ F	umishing	of goods, services, or facilities?	<u>Zç</u>	┼	X
			ŀ		
s P	ayment (	of compansation (or payment or reimbursement of expenses if more than \$1,000)?	. <u>2d</u>	X	<del> </del>
		•			x
e T	ranster o	f any part of its income or assets?	28	<del> </del>	<u> </u>
if	the ansi	ver to any question is "Yes," attach a detailed statement explaining the transactions.	1_	X	[
0	oas the	ver to any question is "Yes," attach a detailed statement explaining the transactions.  Inganization make grants for scholarships, fellowships, student loans, etc.?	. 3	X	╌
9 B	o vou ha	ve a section 409/h) annuity plan for your employees?	4a	***********************	<u> </u>
b A	ttach a s	tatement to explain how the organization determines that individuals or organizations receiving grants or loans from it in		20.00	û.Ş
		e of its charitable programs qualify to receive payments. (See instructions.)  Reason for Non-Private Foundation Status (See instructions.)	10.000		\$5.5
20	T/V	Reason for Non-Private Foundation Status (See institution)	<del></del>	*****	
•	rganizati	on is not a private foundation because it is: (Please check only ONE) applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			•
5	<del>                                      </del>				
5		A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
7		A nospital of a cooperative nospital service organization, section 170(b)(1)(A)(v).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).	•		
8	$\vdash$	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(lii). Enter the hospital's name, city,			
A	L	200 state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(	ly).		
10	<b></b>	(Also complete the Support Schedule in Part IV-A.)			
11-		An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
112	لـــا	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	Ħ	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1,3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 (ax) from businesses acquired			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
		•			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations de-	scribed in	ı:	
		(1) tines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2), (See section 509(a)(3).	)		
		Provide the following information about the supported organizations. (See page 4 of the instructions.)	<del></del>		
		(a) Name(s) of supported organization(s)		ine nur from ab	
		(8) Letting(2) in anhharma ar Aoumenau(2)	-	. Vill di	U 70
		•			
			+		
			-		
			ŧ		

Semar		IE GRADUATE S IE NEW YORK <i>P</i>			RT" OF 1	3-3643	485 Page 3
,	Support Schedule	(Complete only if you of the worksheet in the ins	hecked a box on line 10	), 11, or 12 above.) (			
	dar year (or liscal year	(a) 1998	(b) 1997	(c) 1996	(d) 1995	n account	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See	3.	(8) 1307	(8) 1000	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilitin any activity that is not a busine unrelated to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, a unrelated business taxable incom (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	e e					•
19	Net income from unrelated busine	955		-			
20	activities not included in line 18.  Tax revenues levied for the organization bariefit and either paid to it or expender.						
21	on the behalf.  The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of service or facilities generally furnished to the public without charge.	). 93			-		ÿ.
22	Other Income. Attach a echedule. Do no include gain or (loss) from sale of capita sessets	<b>.</b> .				·	
23	Total of lines 15 through 22	. 0.	0.	0		0.	. 0
24	Line 23 minus line 17		·		<u> </u>	316356V	Talkelesso Printer of
25 26	Enter 1% of line 23		1			25a	N/A
eo b	Organizations described in lines Attach a list (which is not open to						
	governmental unit or publicly sup	ported organization) whose	total gifts for 1995 throu	gh 1998 exceeded the	amount shown		
	in line 28a. Enter the sum of all th					26b	N/A_
			•		_	1000	N/A
	Total support for section 509(a)(	1) test: Enter line 24, colum	n (e)			26c	N/A
u	Add: Amounts from column (e) fo	37 im <del>u</del> s: 16	1:	' Sh		28a	N/A
6	Public support (line 26c minus Ilir					25e	N/A
ſ	Public support percentage (line					251	N/A
7	Organizations described on line					on," attach a	list to show the nan
	of, and total amounts received in (1998)					/100E)	
h	For any amount included in line 1	7 that was received from a	rondisqualified person al	tach a list to show the	name of and amount	received for	sach vest.
-	that was more than the larger of individuals.) After computing the	(1) the amount on line 25 fo	or the year or <b>(2) \$</b> 5,000.	Include in the list orga	nizations described in	ilnas 5 throu	ugh 11, as well as
	excess amounts) for each year: (1998)	(1997)	***************************************	(1995)		(1995)	************************
e	Add: Amounts from column (e) fo	or lines: 15 20		18		. 1	27/3
	17	20		21		27¢	N/A N/A.
4	Add: Line 27a total Public support (line 27c, total min	and	i ilnə 27b total			27d	N/A
•	-Total support for section 509(a)(	2) test: Enter amount on line	e 23, column (e)	▶ 271	N/A		
	Public support percentage					27g	N/A
h	Investment income percent	age (line 18 column (e)	(numerator) divided b	y line 271 (denomin	ator)) 🕨	27h	N/A
. 0	Jnusual Grants: For an organiza jublic inspection) for each year sho hase grants in line 15. (See Instruc	owing the name of the contr	l, or 12, that received any ibutor, the date and amou	unusual grants during nt of the grant, and a b	1995 through 1998, a rief description of the	ittach a list (v nature of the	which is not open t grant. Do not inch

20121 12-14-99 14560322 796661 NYAA

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

 Schedule A (Form 990) 1999	THE GRADUATE SCHOOL OF FIGURATIVE ART OF THE NEW YORK ACADEMY OF ART 13~	3643485	F	age 4
Base W. Privata S	ichool Questionnaire			
(To be co	ompleted ONLY by schools that checked the box on line 6 in Part IV)		·	
			Yes	No
9 Does the organization	have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	29	X	
instrument, or in a res	olution of its governing body?		ANY CONTRACT	<b>3</b> m 3
Does the organization	include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		X	23415177
and other written com	munications with the public dealing with student admissions, programs, and scholarships?		V 100	5.353
if Has the organization p	sublicized its ractally nondiscriminatory policy through newspaper or broadcast media during the period of			
solicitation for studen	ts, or during the registration period if it has no solicitation program, in a way that makes the policy known	1	X	7 1
to all parts of the gene	oral community it serves?	8633	1450	
ff "Yes," please describ	be; if No." plaase explain. (If you need more space, attach a separate statement.)	irs.		20
PLACE STAT	TEMENT OF NONDISCRIMINATORY POLICY IN ADVERTISEMENT	ik.		
SCHOOL CAT	PALOGUE, FACULTY HANDBOOK, AND ORIENTATION HANDBOOK			
		——		K.
32 Does the organization	maintain the following:	321	X	1
<ul> <li>Records indicating th</li> </ul>	e racial composition of the student body, faculty, and administrative staff?		1 -	1
nondiscriminatory ha	that scholarships and other financial assistance are awarded on a racially sis?	32b	X	-
e Conies of all catalogu	as brechures, announcements, and other written communications to the public dealing with student	4	x	
admissions aronam	s and scholarships?	32c		<del> </del>
d Cooles of all material	used by the organization or on its behalf to solicit contributions?	320	1.	100
If you answered "No"	to any of the above, please explain. (If you need more space, attach a separate statement.)			
		<b> </b>		<u>بر</u>
33 Does the organization	n discriminate by race in any way with respect to:	[X388		X
<ul> <li>Students' rights or o</li> </ul>	dylades?	33a		$+\hat{x}$
b Admissions policies?	Aministration et 192	33b		†ŵ
E Employment of facul	(V UI dui illitatiana atau			$\frac{1}{x}$
d Scholarships or other	r financial assistance?			<del>  x</del>
e Educational policies?			_	<del>  Ω</del>
1 Use of facilities?		331	-	<del>                                     </del>
a Athletic programs?			-1	<del> </del> Ŷ
h Other autracurricular	activities?	33h	। <u>।</u> इ.स्किस	2 93°
If you answered "Yes	to any of the above, please explain. (If you need more space, attach a separate statement.)			
<del> </del>				
			2 30.0	200
24 a Dose the americalia	n receive any financial aid or assistance from a governmental agency?	341	Ц_	X
b Use the amorisation	's right to such aid ever been revoked or suspended?	34t		X
If you appropried Var	e"to either 345 or h. niesse explain using an altathed statement.	[8888	46,	#KX
35 Does the organization	in certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50	.	V v	

Check Check 35 1 37 1 38 1	(To be complet k here ▶ a ☐ If the on k here ▶ b ☐ If you ch	Expenditures by Ele ed ONLY by an eligible organ panization belongs to an affilia ecked "a" above and "limited mits on Lobbying E	zation that filed Form 5766 sted group. control* provisions apply.			· · · · · · · · · · · · · · · · · · ·	· <b>-</b>		N/A	
35 T 38 T	k here ▶ b ☐ If the on k here ▶ b ☐ If you ch	panization belongs to an affiliation of a particular particular above and "limited"	sted group. control" provisions apply.			<u></u>				
35 T 37 T 38 T	Li			·		r <del></del>			T	
37 T		mits on Lobbying E	'vnondih							
37 T	(1119 191	m "expenditures" means amo				( Affiliated s	a) group to	tais	(b) To be completed for electing organization	
37 T		at axbauminas meaus ame	onts para of nicurree)		<u> </u>	N/.	Δ		Growing Organization	
37 T	Fotal lobbying expenditures t	o Influence public opinion (gr	secrente lobbring)		36	147.			•	
38 T		o influence a legislative body			37					
40 4		add lines 36 and 37)			38					
<b>39</b> (	neqxe ezoqruq tqmexe redK	ditures	, 		38					
		litures (add lines 38 and 39)			40	aria hani ban basa sa	7 . California	40000000		
		. Enter the amount from the f	•					(\$7.8c)		267
	f the amount on line 40 is -	F ne loadying 20% of the em	nantaxable emount is -	_						
		20% of the wink (000) \$190,000 plus			<b>26</b>					
		00,000 \$175,000 pius			41	weaken in in in it.		%-\$-00**C	protection across process (1994) and a	es broth
		000,000 \$225,000 plus			****					
										100 (18) 100 (18)
42 G	rassroots nontaxable amoun	nt (enter 25% of line 41)			42	,				
43 S	Subtract line 42 from line 36.	Enter -0- if line 42 is more th	an line 36	,	43					
44 5	ublact line 41 nom line 30.	Enter -0- if line 41 is more th	an iine 38		44	(987823000000	ja projektija. Politika in jednosta	14 P. S.		dettä:
C	aution: If there is an amo	unt on either line 43 or lin	e 44, vou must file Form	14720.	Ç. K		129.0	ji in		
Calea	dar year (or	(8)		enditures Durin	g 4·Ye	es Averaging I			N/A	
ilseal	year beginning in)	1999	·(b) 1998	(t) 1997			(d) 1996		(e) Totai	
	obbying nontaxable					Ì			·	٥.
	obbying ceiling amount							3.02		
	150% of line 45(e))									0.
8)	otal lobbying xpenditures									0.
	rassroots nontaxable mount									0.
49 G	rassroots celling amount									
	150% of line 48(e))				30 (2)		kesaa.	A 67	W	0.
	rassroots lobbying		1							n
	coenditures tVI-B Lobbying A	ctivity by Nonelect	ng Public Charitie	95			<u>-</u>		1	0.
		nly by organizations that did r					<del>,</del>		N/A	
		on attempt to influence nation	•	, including any :	attemp	t to	Yes	No	Amount	
	•	ative matter or referendum, ti	•				-			21322A
	aid staff or management (inc	lude compensation in expens	es monted on lines of the	unh hì	••••••	*********				
b 2:										KANAME
b Pa	IBORY SOLANI (126) UBILIZ			***************************************						
b Pa	lailings to members, legislato	ors, or the public								
b P: 6 M d M 8 Pi	lailings to members, legislato ublications, or published or t	proadcast statements				1				
b Pa 6 M d M 8 Pa f Ga	lailings to members, legislate ublications, or published or t rants to other organizations i	proadcast statements for lobbying purposes				-				
b Pa c M d M e Pi f Ga g Ol	lailings to members, legislato ublications, or published or t rants to other organizations i frect contact with legislators,	proadcast statements for lipbbying purposes their staffs, government offic	lais, or a legislative body	***************************************						
b Pi s M d M s Pi f G g Ol h R	lailings to members, legislate ublications, or published or t rants to other organizations i lirect contact with legislators, allies, demonstrations, semin	proadcast statements for lobbying purposes	dals, or a legislative body lectures, or any other meal	ns						<u> </u>

en i i Navada a a	ŢŢ	HE GRADUATE SCHOO HE NEW YORK ACADI	OL OF FIGURAS	TIVE ART OF	13-3643485	Page 6
CHOQUIO A	(Form 990) 1999 TI	arding Transfers To and	Transactions and	Relationships With	Noncharitable	
-	Exempt Organiz	ations				
51 Did ti	ha recordino omanization di	rectly or indirectly engage in any of th	na following with any other	organization described in sec	tion	
5016	c) of the Code (other than s	ection 501(c)(3) organizations) or in	section 527, relating to poli	tical organizations?	ľ	Yes No
a Trans	sters from the reporting ara	anization to a noncharitable exempt of	organization of:		E4 - (1)	<del></del>
m (	Cash				51 <b>u(l)</b> 4(ll)	X
(11)	Other assets			,		
b Othe	r transactions:		,		1.00	x
(i)	Sales of assets to a nonchar	ritable exempt organization	**************	·····	b(I)	X
as	Purchases of assets from a	noncharitable exempt organization			The state of the s	X
(111)	Rental of facilities or equipm	nant	************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		$\frac{x}{x}$
(iv)	Reimbursement arrangemen	nts		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	<del> </del>
(v)	Loans or loan guarantees	***************************************		), )[,-,-,- <mark></mark> ,][]==	***************************************	X
(¥4)	Performance of services or	membership or fundralsing solicitation	ns	•		X
s Shar	ring of facilities, equipment,	mailing lists, other assets, or paid en	iployees	Lance federate the fee market		<u></u>
d If the	e answer to any of the above	is 'Yes,' complete the following schi	edule. Column (D) snould a	ways indicate the latt market less than fair market uslus in	AUG OI UIO	
9000	ds, other assets, or services	given by the reporting organization.	ii his didaliizalida iscelesc	savices telejasti.	witz	N/A
		nent, show in column (d) the value of	חום אַעיעטט, ענוומו פסטטנט, טו		[6]	
(a) Line no.	(b) Amount Involved	(c) Name of noncharitable exe	mpt organization	Description of transfers, tra	insactions, and sharing ar	tizuđements
Lite IIO.	Amount involved				•	
	·					
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			<u>, ,                                  </u>		•	
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	······································				<del>.</del>	
			<u></u>		•	
				<u> </u>		
						<del> </del>
52 a Isti	he organization directly or in	idirectly affiliated with, or related to, o	one or more tax-exempt org	anizations described in section	on 501(c) of the Yes	X No
Cod	de (other than section 501(o	c)(3)) or in section 527?		***************************************	190	٠,٠٠٠ س
<u> </u>	res," complete the following	SCHOOLS.	(b)		(c)	
	(a Name of o	a) roanization	Type of organization	Descrip	otion of relationship	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>			
			1			
		······································				
			<u> </u>	* * * * * * * * * * * * * * * * * * * *	,	
			<u> </u>			
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			<u> </u>			······································
				<u>                                     </u>		
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			1	1		

THE GRADUATE SCHOOL OF FIGURATIVE ART	ሞዘክ	GRADUATE	SCHOOL	OF	FIGURATIVE	ART	OF
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FORM 990

VI 113010111 - 1111		<del></del>
CASH CONTRIBUTIONS OF \$5000 OR MORE	STATEMENT	1
INCLUDED ON PART I, LINE 1D		

13-3643485

*** NOT OI	PEN TO PUBLIC INSPECTION ***	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	AMOUNT
ROSE WEINBERG		22,370.
DAVID LEVINSON	NY, NY 10028	10,068.
GOSNELL/LUCELIA FNDTN		25,000.
HENRY BUHL	NY, NY 10014	20,000.
JULIA JITKOFF		8,193.
LONG CHARITABLE REM TRUST	NY, NY	118,751.
DAVID SCHAFER		11,281.
MEREVILLE FOUNDATION		80,600.
MISC UNDER 5K		373,914.
WILKINSON TRUST		37,000.
RUSSELL WILKINSON	NY, NY 10003	43,750.
JACK RESNICK & SON		25,000.
JAY FAIRES		10,000.
MTV NETWORK/VIACOM		10,000.
THE CASSANDRA GROUP		90,000.
MAC		17,500.
R.R. DONNELLEY & SONS CO		12,480.

13 STATEMENT(S) 1 1999.08200 THE GRADUATE SCHOOL OF FIGU NYAA 1

THE GRADUATE SCHOOL O	F FIGURATIVE A	RT OF	н. Од <sub>В</sub>	13-36434	85
FORM 990	RENTAL	INCOME		STATEMENT	2
KIND AND LOCATION OF PR	OPERTY		ACTIVITY NUMBER	GROSS RENTAL INCO	OME
111 FRANKLIN ST			. 1	27,29	<del>)</del> 4.
TOTAL TO FORM 990, PART	I, LINE 6A			27,29	)4.
FORM 990	RENTAL	EXPENSES		STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
111 FRANKLIN STREET	- SUBTOTAL	- 1	57,804.	57,8	04.
TOTAL TO FORM 990, PART	F I, LINE 6B			57,8	04.
FORM 990 OTHER C	CHANGES IN NET	ASSETS OR FUND	BALANCES	STATEMENT	4
DESCRIPTION			· ·	AMOUNT	
UNREALIZED GAIN ON INV	ESTMENTS	•		13,6	64.
TOTAL TO FORM 990, PAR	T I, LINE 20			13,6	64.
FORM 990	OTHE	R EXPENSES		STATEMENT	5
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
	101111		<del></del>	<del> </del>	
STUDENT AID SVCS MODEL FEES OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA &	329,036. 82,680. 105,751. 86,506. 482,971.	329,036. 82,680. 91,602. 86,506. 402,476.	14,149 80,495		

14 STATEMENT(S) 2, 3, 4, 5 1999.08200 THE GRADUATE SCHOOL OF FIGU NYAA\_\_\_1

and the second second		•	•	
THE GRADUATE SCHOOL OF	F FIGURATIVE ART	OF	* a Gr. m	13-3643485
PAYROLL PROCESSING	2,414.	<del></del>	2,414.	
CONTRIBUTIONS	460.		460.	
OFFICE EXPENSE	37,847.		37,847.	
MISCELLANEOUS	12,497.	•	12,497.	
OTHER FUNDRAISING	20,725.		•	
COSTS	298,380.	•		298,380.
ALLOCATED RENTAL	230,300.			••
	<57,804.>	<43,353.>	<8,671.>	<5,780.>
EXPENSES	<57,004.2	(43,333.2	10,0120	
OTHER PROFESSIONAL	125 215		125,315.	
FEES	125,315.		6,000	
BAD DEBT EXPENSE	6,000.		4,761.	•
ADVERTISING	4,761.		4,701.	
TOTAL TO FM 990, LN 43	1,561,499.	970,434.	298,465.	292,600.
FORM 990	NON-GOVERNMENT	SECURITIES	So	PATEMENT 6
VALUE DESCRIPTION METHOD	CORPORATE CORE	OTHER PUBLIC PORATE TRADE ONDS SECURIT	LY	TOTAL NON-GOV'T SECURITIES
PERMANENTLY MKT VAL				•
RESTRICTED				
INVESTMENTS	157,851.		*;	157,851.
				157,851.
TO FM 990, LN 54 COL B	157,851.			137,031.
•				
FORM 990	OTHER	ASSETS	S'	ratement 7
DESCRIPTION			· ·	TOUOMA
		• .		7 050
DEFERRED MORTGAGE EXPENS	SES			7,050.
DONATED ASSETS				207,200.
CONTRIBUTIONS RECEIVABLE	E			150,000.
				364,250.
TOTAL TO FORM 990, PART	IV, LINE 58, CO	DLUMN B		304,230.
•				

THE	GRADUATE	SCHOOL	OF	FIGURATIVE	ART	OF
	444 TO 1111 TO	2011007	~ .	1 7 2 0 1 4 1 7 1 7	THILL	O.L

1	3-	3	6	4	3	4	В	5
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FORM 990 MORTGAGES PAYABLE	STATEMENT 8
DESCRIPTION	BALANCE DUE
MARINE MIDLAND MARINE MIDLAND	711,150. 113,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN	B 824,150.

16 STATEMENT(S) 8 1999.08200 THE GRADUATE SCHOOL OF FIGU NYAA 1

FORM 990		OTHER NOTES A	ND LOANS PAY	ABLE	STATEMENT
LENDER'S	NAME	TERMS OF I	REPAYMENT	%	
THE LINDE	BURY TRUST	NONE			
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE		
08/01/93	08/01/03	100,000.	650%		
SECURITY	PROVIDED BY	BORROWER PUR	POSE OF LOAN		
	<u> </u>			•	
RELATIONS	SHIP OF LEND	ER			
DESCRIPT	ION OF CONSI	DERATION		FMV OF CONSIDERATION	
DESCRIPT	ion of consi	DERATION		FMV OF CONSIDERATION 0.	BALANCE DUE
		DERATION TERMS OF	REPAYMENT	CONSIDERATION	
LENDER'S	NAME.			CONSIDERATION	
LENDER'S	NAME BURY TRUST	TERMS OF		CONSIDERATION	
LENDER'S THE LINDI DATE OF NOTE	NAME BURY TRUST	TERMS OF NONE ORIGINAL LOAN AMOUNT	INTEREST RATE	O. CONSIDERATION	
LENDER'S THE LINDS DATE OF NOTE 12/01/93	NAME BURY TRUST MATURITY DATE 12/01/03	TERMS OF NONE ORIGINAL LOAN AMOUNT	INTEREST RATE 650%	O.	
LENDER'S THE LINDS DATE OF NOTE 12/01/93	NAME BURY TRUST MATURITY DATE 12/01/03	TERMS OF NONE ORIGINAL LOAN AMOUNT 100,000. BORROWER PUR	INTEREST RATE 650%	O. CONSIDERATION	
LENDER'S THE LINDE DATE OF NOTE 12/01/93 SECURITY	NAME BURY TRUST MATURITY DATE 12/01/03	TERMS OF NONE ORIGINAL LOAN AMOUNT 100,000. BORROWER PUR WOR	INTEREST RATE 650% POSE OF LOAN	O. CONSIDERATION	
LENDER'S THE LINDS DATE OF NOTE 12/01/93 SECURITY RELATIONS	NAME BURY TRUST MATURITY DATE 12/01/03 PROVIDED BY	TERMS OF NONE ORIGINAL LOAN AMOUNT 100,000. BORROWER PUR WOR	INTEREST RATE 650% POSE OF LOAN	O. CONSIDERATION	100,000

17 STATEMENT(S) 9 1999.08200 THE GRADUATE SCHOOL OF FIGU NYAA\_\_\_1

THE GRADUATE SCHOO	L OF FIGURATIVE	ART OF	* \$1 4 y g	13-3643485
LENDER'S NAME	TERMS OF	REPAYMENT		
THE LINDBURY TRUST	NONE		•	
DATE OF MATURITY NOTE DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE		
02/01/94 02/01/04	150,000.	650%		
SECURITY PROVIDED BY	BORROWER PUR	POSE OF LOAN		•
	WOR	KING CAPITAL		
RELATIONSHIP OF LEND	ER			
DESCRIPTION OF CONSI	DERATION		FMV OF CONSIDERATION	BALANCE DUE
			. 0	150,000
LENDER'S NAME	TERMS OF	REPAYMENT		,
MICHAEL BAUM	MONTHLY		:	
DATE OF MATURITY NOTE DATE	ORIGINAL LOAN AMOUNT	interest rate	•	, <del></del>
08/01/98 04/01/00	100,000.	.00%		
SECURITY PROVIDED BY	BORROWER PUR	POSE OF LOAN		
			•	
RELATIONSHIP OF LEND	ER			•
DESCRIPTION OF CONSI	DERATION		FMV OF CONSIDERATION	BALANCE DUE
DECOUNT TOWN OF COMMI			0.	0
TOTAL INCLUDED ON FO	RM 990, PART IV,	LINE 64, CO	LUMN B	350,000

18 STATEMENT(S) 9 1999.08200 THE GRADUATE SCHOOL OF FIGU NYAA 1

#### THE GRADUATE SCHOOL OF FIGURATIVE ART OF

THE GRADUATE	SCHOOL OF FIGURATIVE ART OF	13-3643485
FORM 990	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION		AMOUNT
DEFERRED INTERI UNEARNED TUITIO		169,645. 70,362.
TOTAL TO FORM	990, PART IV, LINE 65, COLUMN B	240,007.
FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
RENTAL ACTIVITY	Y(NETTED ON RETURN)	57,804.
TOTAL: TO FORM	990, PART IV-A	57,804.
FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
RENTAL ACTIVIT	Y(NETTED ON RETURN)	57,804.
TOTAL TO FORM	990, PART IV-B	57,804.

' আর্হুচনত আরু '		% -	, . <del></del>		MAR 1 9 2001
Form <b>2758</b>	c	Application for Extensertain Excise, Income, Infor		letums	
(Rev. June 1998)	1	File a separate applic		10(01(13	OM8 No. 1545-0148
Department of the Trea Internal Revenue Servi		, , , , , , , , , , , , , , , , , , , ,			
Please type or		ADUATE SCHOOL OF FI W YORK ACADEMY OF A		OF	Employer Identification number 13 3643485
print. File the		om or suite no. (or P.O. box no. if mail is n		1	13:3043403
original and one		and of solid hos for those box tro. It find his	iot agiisaan ta sugar aggissa	,	
copy by the due ``` date for filling	1 '	ANKLIN ST	A STATE OF THE STA		
your return.		e, state, and ZIP code. For a foreign addre	ess, see instructions.		
<u> </u>		RK, NY 10013	te see	<u> </u>	
		must use Form 7004 to request an ext		nerships, REMICS, ar	nd
		est en extension of time to file Form 1 MAY 15	2001	(-bd. nab. a.a).	
1 request an	extension of time until 06-GS(0)	Form 990-1 (56C 401(a) or 408(a)		(check only one): 120-ND (sec. 4951 taxes	Form 8612
<b>)</b>	06-GS(T)	Form 990-T (trust other than above	<del></del>	•	Form 8613
	90 or 990-EZ	Form 1041 (estate)	Form 4		Form 8725
Form 99		Form 1041-A	Form 5	227	Form 8804
Form 99	90-PF	Form 1042	Form 6	069	Form 8831
-		ice or place of business in the United Stat		,	▶↓
2a For calendar	r year, or other		1999 and ending	JUN 30,	2000
₹ o πunis tax ye.	ar is for lass than 12 month				counting period Yes X No
State in deta	ill why you need the extens				
ALL II		OT YET RECEIVED BY	TAXPAYER		<del></del>
······					
estimaled ta	x payments made. Include	.1041 (estate), 1042/or 8804, enter any re any prior year overpayment allowed as a le 5a. Include your payment with this form	credit :,, :		
coupon If re	•			<sup>'</sup> \$	N/A
		Signature and	Verification -		
		ve examined this form, including accompa n authorized to prepare this form.	anying schedules and stateme	nts, and to the best of n	ry knowledge and belief,
Signature >	ColtALn	CP.4 Title Ac	who		Date > 2/15/01
FILE ORIGINAL AN	D ONE COPY. The TRS will	show below whether or not your applica	is approved and will rei	urn the copy.	/ /
Notice to Ap	plicant - To Be Co	empleted by IRS		•	
		Please attach this form to your return.			
		ion: However, we have granted a 10-day (			SION AT THE P
	•	durn (including any prior extensions). This se required to be made on a timely return.	* '		
		pn. After considering your reasons stated			AR 1 3 2001
an e <u>xtensi</u> on	not time to the vie are not	granting the 10-day grace period.			THE 1 (7 2001
	1 2	cause it was filed after the due date of the	e return for which an extensio	n was requested.	
□ ∰ tÉ	B 1 8 2001 -   유		·····	-	URE EXTENSION:
1 [	🛎				990PF, 990, 990E2
00	SDENouLL	₽ <b>(</b> (: -((	<del>))                                      </del>		, 4720, 5227, 1041A
	OD = 1 Vollector		/ Ц Ц		870 MUST FILE
if you want a copy	of this form to be columned			USING FOR	
Name	Of this form to be referred	to an address other than that shown above	ve, please enter the address to	0011101110	VI 8808.
	6.		ve, please enter the address to		VI 8808.
Please CO	e. HEN GREVE &	COMPANY PC		, 00110101	vi 8808.
Please COI Type Num or 48	e . HEN GREVE & ber, street and room er suh 5 JERICHO TP	COMPANY PC te no. (or P.O. box no. if mail is not delived K	red to street address)		vi 8808.
Please COI Type Num or 48 Print City.	e . HEN GREVE & ber, street and room er suh 5 JERICHO TP	COMPANY PC te no. (or P.O. box no. if malt is not deliver K and ZIP code. For a foreign address, see	red to street address)	, 0011101111	vi 8808.